State of Indiana
Medicaid DUR Annual Report

For Federal Fiscal Year 2006

(October 1, 2005 to September 30, 2006)

Presented to:
Center for Medicare and Medicaid Services (CMS)

By:
State of Indiana—Office of Medicaid Policy and Planning

Approved by the Indiana DUR Board, May 25, 2007

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Report Date: 5-25-2007

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CMS SURVEY

DRUG UTILIZATION REVIEW (DUR) ANNUAL REPORT FEDERAL FISCAL YEAR 2006

I. STATE CODE

IN

II. MEDICAID AGENCY STAFF PERSON RESPONSIBLE FOR DUR ANNUAL REPORT PREPARATION

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III. PROSPECTIVE DUR

1. During Federal Fiscal Year 2006 prospective DUR was conducted: (check those applicable)

   a) ____ By individual pharmacies on-site.

   b) ____ On-line through approved electronic drug claims management system.

   c) __X__ Combination of (a) and (b).

2. (a) States conducting prospective DUR on-site have included as **ATTACHMENT 1** (check one):

   _____ Results of a random sample of pharmacies within the State pertaining to their compliance with OBRA 1990 prospective DUR requirements.

   __X__ Results of State Board of Pharmacy monitoring of pharmacy compliance with OBRA 1990 prospective DUR requirements.

   _____ Results of monitoring of prospective DUR conducted by State Medicaid agency or other entities.

   (b) States conducting prospective DUR on-line have included as **ATTACHMENT 1** a report on State efforts to monitor pharmacy compliance with the oral counseling requirement.

   Yes__X__ No_____

3. States conducting prospective DUR on-site plans with regards to establishment of an ECM system. State:

_____ Has no plan to implement an ECM system with prospective DUR capability.

_____ Plans to have an operational ECM system with prospective DUR in FFY 2006 or later.

STATES PERFORMING PROSPECTIVE DUR ON-SITE SKIP QUESTIONS 4-8

4. States conducting prospective DUR through an operational on-line POS system provide the following information:

a) Operational date **09/95** (MM/YY) on which on-line POS system began accepting drug claims for adjudication from providers.

b) Operational date **03/96** (MM/YY) on which on-line POS system began conducting prospective DUR screening.

c) Percentage of Medicaid prescriptions processed by ECM system (where applicable) in FFY 2006. **99.86 % by EDS.**

d) Identify ECM vendor.
Electronic Data Systems (EDS) 09/26/2005-09/30/2006
(company, academic institution, other organization)

1) Was system developed in house? Yes **X** No _____
2) Is vendor Medicaid Fiscal agent? Yes **X** No _____

e) Identify prospective DUR (source of criteria).
First Data Bank with review and approval of DUR Board
(company, academic institution, other organization)

5. With regard to prospective DUR criteria from the vendor identified in 4 (d) above, the DUR Board: (Check one)

(a) _____ Approved in FFY 2006 all criteria submitted by the vendor.

(b) **X** Chose to approve selected criteria submitted by the vendor.

6. States checking 5 (b) have provided **DUR criteria** data requested on **enclosed Table 1.** Yes **X** No_____

7. State prospective DUR screening includes screens run before obtaining DUR Board approval of criteria. Yes ___ No **X**

8. States conducting prospective DUR using an ECM system have included **ATTACHMENT 2**. Yes **X** No _____

IV. RETROSPECTIVE DUR

1. Identify your retrospective DUR vendor during FFY 2006.

Affiliated Computer Services (ACS) Government Healthcare Solutions
(company, academic institution or other organization)

a) Is the retrospective DUR vendor also the Medicaid fiscal agent?
Yes _____ No **X**

b) Is your current retrospective DUR vendor contract subject to re-bid in FFY 2006?
Yes _____ No **X**

If your vendor changed during FFY 2006, identify your new vendor.

No Changes in FFY 2006.
(company, academic institution or other organization)

c) Is this retrospective DUR vendor also the Medicaid fiscal agent?
Yes _____ No **X**

d) Is this retrospective DUR vendor also the developer/supplier of your retrospective DUR criteria? Yes **X** No _____

2. If your answer to question 1(c) or 1(d) above is no, identify the developer/supplier of your retrospective DUR criteria.

ACS Government Healthcare Solutions – 03/23/2003 to 9/30/2006
(company, academic institution, or other organization)

3. Did DUR Board approve all retrospective DUR criteria supplied by the criteria source identified in questions 1(c) and 2 above? Yes **X** No _____

4. States performing retrospective DUR have provided DUR Board approved criteria data requested on enclosed hardcopy **Table 2**.
Yes **X** No _____

5. States conducting retrospective DUR have included **ATTACHMENT 3**.
Yes **X** No _____

V. DUR BOARD ACTIVITY

1. States have included a brief description of DUR Board activities during FFY 2006 as **ATTACHMENT 4**. Yes **X** No_____

2. States have included a brief description of policies used to encourage the use of therapeutically equivalent generic drugs as **ATTACHMENT 5**.
   Yes **X** No_____

VI. PROGRAM EVALUATION/COST SAVINGS

1. Did your State conduct a DUR program evaluation/cost savings estimate in FFY 2006? Yes **X** No_____

2. Did you use Guidelines for Estimating the Impact of Medicaid DUR as the basis for developing your program evaluation/cost savings estimate?
   Yes **X** No _____

3. Who conducted your program evaluation/cost savings estimate?

   Affiliated Computer Services (ACS) Government Healthcare Solutions
   (company, academic institution, or other organization)

4. States have provided as **ATTACHMENT 6** the program evaluations/cost savings estimates. Yes **X** No___

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TABLE 1 PROSPECTIVE DUR CRITERIA

Approval Process

FOR EACH PROBLEM TYPE BELOW,
LIST (DRUGS/ DRUG CATEGORY/ DISEASE COMBINATIONS) FOR WHICH DUR BOARD CONDUCTED IN- DEPTH REVIEWS.
PLEASE INDICATE WITH AN ASTERISK (*) THOSE FOR WHICH CRITERIA WERE ADOPTED.

* Adoption & Implementation Dates were all prior to FFY 2003 or FFY 2005 (Growth Hormone)
^ Adoption & Implementation Date was FFY 2006 (Acetaminophen)

INAPPROPRIATE DOSE or DOSE OPTIMIZATION	THERAPEUTIC DUPLICATION	DRUG ALLERGY INTERACTION
1. *Triptans (Qty Limits; >Qty needs PA)	1. *See Table 1.A.2	1.
2.	2.	2.
3.	3.	3.

INAPPROPRIATE DURATION	DRUG/ DRUG INTERACTIONS	DRUG DISEASE CONTRAINDICATION
1. ***Over-utilization (Early Refill)** All Drug Products (Requires PA)	1. *Severity Level 1 (Requires PA)	1. *See Table 1.A.1
2. ***Under-utilization (Late Refill)** Anti-Convulsants, Oral Hypoglycemics, ACE Inhibitors, Xanthines	2.	2. *Growth Hormone (Requires PA)
3. *34-Day Supply for Non-Maintenance (Requires PA)	3.	3.

OTHER DRUG PREGNANCY *(specify)*	OTHER HIGH DOSE *(specify)*	OTHER DRUG-AGE/PEDIATRIC *(specify)*
1. *Severity Level X	1. *All Drug Products	1. *Severity Level 1
2. *Severity Level D	2. ^Plan Limits: All Drugs containing Acetaminophen > 3 grams/day requires PA (PA for only 10 days and only for up to 4 grams/day)	2.
3. *Severity Level 1	3.	3.

TABLE 1.A. Prospective DUR Criteria - Detailed

TABLE 1.A.1 Drug-Disease Criteria

The DUR Board chose NDCs that infer a disease instead of using medical claims and ICD-9 diagnosis codes. Below are the criteria that were approved.

INFERRED DISEASE	INFERRING DRUG(S)	DISEASE DURATION	CONTRAIND DRUG(S)
Alcoholism	Disulfiram	Lifetime	Benzamphetamine Diethylpropion Fenfluramine MAO-Is Mazindol Phenmetrazine Phendimetrazine Phentermine Methotrexate Bexarotene
Alzheimer's	Tacrine	Lifetime	Aluminum
Arrhythmias	Procainamide	Lifetime	Dopamine Probucol Bepridil Itraconazole Ibutilide Dofetilide
Calcium Renal Calculi Prophylaxis	Cellulose sodium phosphate	Lifetime	Calcium phosphate Calcium carbonate
Chronic Angina Pectoris	Bepridil	Lifetime	Serotonin 5-HT1 Agonists Yohimibine Aldesleukin
Congestive Heart Failure	Amirnone Milrinone	Lifetime Lifetime	Cyclobenzaprine MAO-Is Pargyline Procarbazine Sodium phos laxatives Propranolol Iothalamate Albumin Hetastarch Corticotropin Gold salt compounds Doxorubicin Metformin Itraconazole Daunorubicin Iodixanol Sibutramine Cilostazol

TABLE 1 ProDUR Criteria --continued--

TABLE 1.A.1 -- continued – Drug-Disease Criteria (continued)

INFERRED DISEASE	INFERRING DRUG(S)	DISEASE DURATION	CONTRAIND DRUG(S)
Cushing's Syndrome	Trilostane	Lifetime	Corticotropin
Diabetes Mellitus	Antidiabetic Drugs Acetohexamide Glipizide Glyburide Tolbutamide Tolazamide, etc Insulin	Lifetime	Lactulose
Diarrhea	Attapulgite Diphenoxylate/Atropine Kaolin/pectin/belladonna Opium/paregoric Loperamide	Finite	Magnesium Magaldrate Irinotecan Poliovirus vaccine
Epilepsy	Mephenytoin Doxapram Maprotiline Metoclopramide Piperazine	Lifetime	Bupropion
Hyperkalemia	Sodium polystyrene Sulfonate	Lifetime	Amiloride Potassium/sodium citrate Spironolactone Methazolamide Triamterene Acetazolamide Mesoridazine Dichlorphenamide
Hypertension	Alseroxylon Benazapril-Amlopdipine B-Blockers plus: Bendroflumethiazide Chlorthalidone HCTZ Losarten Moexipril	Lifetime	Benzamphetamine Diethylpropion Fenfluramine Mazindol Methylergonovine Phentermine Sodium phos laxatives Dozapram Phenmetrazine Phendimetrazine Dextrothyroxine Anistlepase Corticotropin Gold salt compounds

TABLE 1 ProDUR Criteria --continued--

TABLE 1.A.1 Drug-Disease Criteria (continued)

INFERRED DISEASE	INFERRING DRUG(S)	DISEASE DURATION	CONTRAIND DRUG(S)
Hyperthyroidism	Methimazole Propylthiouracil	Lifetime	Benzamphetamine Cyclobenzaprine Diethylproprion Phendimetrazine Phenmetrazine Phentermine Ritodrine Midodrine Arbutamine
Mental Depression	Amoxapine	Lifetime Diazepam	Flurazepam Bupropion MAO-I Clomiphene Nortriptyline Metoclopramide Venlafaxine Interferon-Alpha 2B
Myasthenia gravis	Ambenonium	Lifetime	Orphenadrine Streptomycin Gentamicin Tobramycin Amikacin Netilmicin Doxacurium
Parkinsonism	Carbidopa/Levodopa Levodopa Pergolide Selegiline	Lifetime	Haloperidol Streptomycin Gentamicin Tobramycin Amikacin Netilmicin Gramicidin
Peripheral Vascular Disease	Pentoxiphylline	Lifetime	Methylergonovine Dihydroergotamine Serotonin 5-HT1 Agonists
Pheochromocytoma	Metyrosine	Lifetime	MAO-Is Metoclopramide Pargyline Droperidol Dopamine Metoclopramide Midodrine

TABLE 1 ProDUR Criteria --continued--

TABLE 1.A.1 Drug-Disease Criteria (continued)

INFERRED DISEASE	INFERRING DRUG(S)	DISEASE DURATION	CONTRAIND DRUG(S)
Prostatic Cancer	Busereline Estramustine Flutamide	Lifetime	Fluoxymesterone Methyltestosterone Nadrolone Oxandrolone Oxymetholone Prasterone Testosterone HCG Hormone
Psychotic disorders	Acetophenazine Molindone Promazine Thiothixene Trifluoperazine	Lifetime	Mazindol Flurazepam
Tuberculosis	Capreomycine Pyrazinamide	Lifetime	Infliximab
Urinary tract infection	Cinoxacine Methenamine Naladixic acid Nitrofurantoin	Finite	BCG live Potassium/Sodium citrate
Ventricular arrhythmias	Encainide Esmolol Flecainide Mexiletine Moricizine Sotalol Tocainide	Lifetime	Bepridil Dopamine Probucol Itraconazole Ibutilide Dofetilide
Wilson’s Disease	Turpentine	Lifetime	Copper supplements

TABLE 1.A.2 Therapeutic Duplication Alert Criteria

Class Code	Description
	Cardiovascular Agents
A1C	Inotropic Drugs
A2A	Antiarrythmics
A4A	Hypotensives, Vasodilators
A4B	Hypotensives, Sympatholytic
A4C	Hypotensives, Ganglionic Blockers
A4E	Hypotensives, Veratrum Alkaloids
A4Y	Hypotensives, Miscellaneous
A7A	Vasoconstrictors, Arteriolar
A7B	Vasodilators, Coronary
A7C	Vasodilators, Peripheral
A7D	Vasodilators, Peripheral (continued)
Z4D	Prostacyclines
	ACE Inhibitors and Antagonists
A4D	Hypotensives, ACE Inhibitors
A4F	Hypotensives, Angiotensin Receptor Antagonists
A4K	ACE Inhibitor/Calcium Channel Blocker Combination
	Calcium Channel Blocking Agents
A9A	Calcium Channel Blockers
	H2-Antagonists
D4E	Anti-Ulcer Preparations
D4F	Anti-Ulcer H. Pylori Agents
Z2D	Histamine H2-Receptor Inhibitors
	Phenothiazines
H2G	Anti-Psychotics, Phenothiazines
H2I	Anti-Psychotics, Phenothiazines (continued)
	Antidepressants
H2J	Antidepressants
H2K	Antidepressants Combinations
H2N	Antidepressants (continued)
H2S	Serotonin Specific Reuptake Inhibitors (SSRIs)
H2U	Tricyclic Antidepressants & Rel. Non-Sel. Reuptake Inhibitors
H2W	Tricyclic Antidepressants/Phenothiazine Comb
H2X	Tricyclic Antidepressants/Benzodiazepine Comb
H2Y	Tricyclic Antidepressants/Non-Phenothiazine comb.
H7A	Tricyclic ADP/Phenothiazine/Benzodiazepines
H7B	Alpha-2 Receptor Antagonist Antidepressants
H7C	Serotonin-Norepinephrine Reuptake Inhibitors
H7D	Norepinephrine & Dopamine Reuptake Inhibitors
H7E	Serotonin 2-Antagonist/Reuptake Inhibitors
H7F	Selective Norepinephrine Reuptake Inhibitors
H7G	Serotonin and Dopamine Reuptake Inhibitors
H7H	Serotonin Specific Reuptake Inhibitor/Ergot Comb
H7I	Antidepressant/Barb/Belladonna Alkaloid Comb

TABLE 1.A.2 -- (continued) -- Therapeutic Duplication Alert Criteria

Class Code	Description
	Antidepressants - continued –
H7J	MAOIs-Non Selective and Irreversible
H7K	MAOIs-A Selective and Reversible (RIMA)
H7L	MAOIs N-S & Irreversible/Phenothiazine Comb
H7M	Antidepressant/Carbamate Anxiolytic Combination
	Narcotic Analgesics
H3A	Analgesics, Narcotics
H3B	Analgesics, Narcotics (continued)
H3H	Analgesics Narcotic, Anesthetic Adjunct Agents
	Non-Narcotic Analgesics
H3C	Analgesics, Non-Narcotics
H3E	Analgesics/Antipyretics, Non-Salicylates
H3F	Antimigraine Preparations
H3G	Analgesics, Miscellaneous
	Alpha and Beta Blockers
J7A	Alpha/Beta-Adrenergic Blocking Agents
J7B	Alpha-Adrenergic Blocking Agents
J7C	Beta-Adrenergic Blocking Agents
J7D	Beta-Adrenergic Blocking Agents (continued)
J7E	Alpha-Adrenergic Blocking Agent/Thiazide Comb
	Anti-Lipidemics
M4E	Lipotropics
M4F	Lipotropics (continued)
	Diuretics
R1B	Osmotic Diuretics
R1C	Inorganic Slat Diuretics
R1D	Mercurial Diuretics
R1E	Carbonic Anhydrase Inhibitors
R1F	Thiazide and Related Diuretics
R1G	Thiazide and Related Diuretics (continued)
R1H	Potassium Sparing Diuretics
R1J	Aminouracil Diuretics
R1K	Diuretics, Miscellaneous
R1L	Potassium Sparing Diuretics in Combination
R1M	Loop Diuretics
	NSAIDS and Salicylates
S2B	NSAIDS, Cyclooxygenase Inhibitor Type
S2D	NSAIDS, Cyclooxygenase Inhibitor Type (continued)
S2E	NSAIDS, Cyclooxygenase Inhibitor Type (continued)
S2H	Anti-Inflammatory/Antiarthritic Agents, Misc.
S2I	Anti-Inflammatory, Pyrididine Synthesis Inhibitors
S2L	NSAIDS, Cyclooxygenase 2 Inhibitor Type
S7C	Skeletal Muscle Relaxant & Salicylates Combination
H3D	Analgesics/Antipyretics, Salicylates

TABLE 1.A.2 -- (continued) -- Therapeutic Duplication Alert Criteria --(continued)

Class Code	Description
	Antimicrobial Products
W1A	Penicillins
W1B	Cephalosporins
W1C	Tetracyclines
W1D	Macrolides
W1E	Chloramphenicol and Derivatives
W1F	Aminoglycosides
W1G	Antitubercular Antibiotics
W1H	Aminocyclitols
W1I	Penicillins (continued)
W1J	Vancomycin and Derivatives
W1K	Lincosamides
W1L	Antibiotics, Miscellaneous, Other
W1M	Streptogramins
W1N	Polymyxin and Derivatives
W1O	Oxazolidinones
W1P	Betalactams
W1Q	Quinolones
W1R	Beta-Lactamase Inhibitors
W1S	Carbapenams (Thienamycins)
W1T	Cephalosporins (continued)
W1U	Quinolones (continued)
W1V	Steroidal Antibiotics
W1W	Cephalosporins – 1st Generation
W1X	Cephalosporins – 2nd Generation
W1Y	Cephalosporins – 3rd Generation
W2A	Absorbable Sulfonamides
W2B	Nonabsorbable Sulfonamides
W2C	Absorbable Sulfonamides (continued)
W2E	Nitrofuran Derivatives
W2Y	Anti-Infectives, Misc. (Antibacterials)

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TABLE 1.B PRIOR AUTHORIZATION (PA) CRITERIA

DD – Drug-Drug Interaction PA Criteria

The DUR Board approved a transition to hard edits that require PA for Severity Level 1 interactions beginning 1/15/2003.

ER - Early Refill Alert PA Criteria

Implemented 7/1/2002, Early Refill editing is in place and all edits are hard edits ***except*** for those drugs or drug classes in the table below. Hard edits require a Prior Authorization before claims payment. Exceptions to this (online override and Ignore / Inactive) are in the table below:

Class Description	Alert Status (A-POS Override; I-Inactive)
Q6I Eye Antibiotic-Corticoid Combinations	A
Q6R Eye Antihistamines	A
Q6P Eye Anti-inflammatory Agents	A
Q6Y Eye Preparations, Miscellaneous (OTC)	A
Q6S Eye Sulfonamides	A
M0F Factor IX Preparations	A
Q6G Miotics/Other Intraoc. Pressure Reducers	A
Q6W Ophthalmic Antibiotics	A
Q6U Ophthalmic Mast Cell Stabilizers	A
Q6A Ophthalmic Preparations, Miscellaneous	A
WG8 Antiseptics, General	I
X5B/X5E Bandages and Related Supplies	I
Y5A Braces and Related Devices	I
W1I Chemotherapy Rescue/Antidote Agents	I
Y9A Diabetic Supplies	I
C5F/C5T Dietary Supplement, Miscellaneous	I
Y3A Durable Medical Equipment, Misc. (Group 1)	I
Y3C Durable Medical Equipment, Misc. (Group 2)	I
Y0A Durable Medical Equipment, Miscellaneous	I
X4B Incontinence Supplies	I
C5C Infant Formulas	I
W8F Irrigants	I
X5A, X5C, X6A, X8P, X8V Medical Supplies	I
X2A Needles/Needle less Devices	I
C5U Nutritional Therapy, Med Cond Special Formulation	I
X3A Ostomy Supplies	I
Y7A Respiratory Aids, Devices, Equipment	I
X2B Syringes and Accessories	I

TABLE 1.B PA Criteria --continued--

TD –Therapeutic Duplication PA Criteria
(Implemented 7/22/2003; Removed from PA to pharmacist overridable edit on 6/2004)

Angiotensin Converting Enzyme Inhibitors (ACEIS)
Angiotensin Receptor Blockers (ARBS)
Calcium Channel Blocking Agents
Anti-Hyperlipidemics
Osmotic Diuretics
Inorganic Salt Diuretics
Mercurial Diuretics
Carbonic Anhydrase Inhibitors
Thiazide and Related Diuretics
Potassium-Sparing Diuretics
Aminouracil Diuretics
Potassium-Sparing Diuretics in Combination
Loop Diuretics
Penicillins
Tetracyclines
Macrolides
Chloamphenicol and Derivatives
Aminoglycosides
Antitubercular Antibiotics
Streptogramins
Aminocyclitols
Vancomycin and Derivatives
Lincosamides
Polymyxin and Derivatives
Oxazolidinediones
Betalactams
Quinolones
Beta-Lactamase Inhibitors
Carbapenems (Thienamycins)
Cephalosporins – 1st Generation
Cephalosporins – 2nd Generation
Cephalosporins – 3rd Generation
Cephalosporins – 4th Generation
Absorbable Sulfonamides
Non-Absorbable Sulfonamides

TABLE 1.B PA Criteria --continued--

HD – High Dose PA Criteria

(Implemented 3/28/2003: Removed from PA to pharmacist overridable edit on 6/2004;
^ Switched back to hard edit: Acetaminophen > 3 grams per day implemented June 2006)

Exceptions (covered by specific PDL or hard edit) : Acetaminophen (APAP) >3g per day
All Drugs containing APAP >3g per day

Exemptions from Hard Edits or PA's (Soft Overridable Edits at Point of Sale by Pharmacists):

Class Code	Descriptions
J5D	Beta-Adrenergic Agents
Q8B	Ear Preparations, Misc Anti-infectives
Q8W	Ear Preparations, Antibiotics
Q8H	Ear Preparations, Local Anesthetics
Q6I	Eye Antibiotic-Corticoid Combinations
Q6R	Eye Antihistamines
Q6P	Eye Anti-inflammatory Agents
Q6V	Eye Antivirals
Q6H	Eye Local Anesthetics
Q6S	Eye Sulfonamides
Q6C	Eye Vasoconstrictors (Rx only)
Q6G	Miotics/Other Intraoc. Pressure Reducers
H2A	Central Nervous System Stimulants
J1B	Cholinesterase Inhibitors
32480, 32481	Guanfacine HCl
01390, 01391, 01392	Clonidine HCl
H2H, H7L, H7K, H7J	Monoamine Oxidase (MAO) Inhibitors
H2E, H2Q	Selective-Hypnotics, Non-Barbiturate
H2S, H7H	Serotonin Specific Reuptake Inhibitor
H7E	Serotonin-2 Antagonist/Reuptake Inhibitors
H7C	Serotonin-Norepinephrine Reuptake-Inhibitor
H2X	Tricyclic Antidepressant/Benzodiazepine Combinations
H2W	Tricyclic Antidepressant/Phenothiazine Combinations
H2U	Tricyclic Antidepressant & Rel. Non-Sel. Reuptake Inhibit
H2L, H2O	Anti-Psychotics, Non-Phenothiazines
H2G, H2I	Anti-Psychotics, Phenothiazines
H4B, H4C	Anticonvulsants
H7P	Barbiturates
A9A	Calcium Channel Blocking Agents
Q6W	Ophthalmic Antibiotics
Q6U	Ophthalmic Mast Cell Stabilizers
Q6A	Ophthalmic Preparations, Miscellaneous
H2F, H2P	Anti-Anxiety Drugs
H2M	Anti-Mania Drugs
H2V	Anti-Narcolepsy/Anti-Hyperkinesis Agents

TABLE 1.B PA Criteria --continued--

MX – Inappropriate Duration PA Criteria

34-Day Supply Limit for Non-Maintenance Medications PA Criteria
(Implemented 7/1/2002)

All non-maintenance drug claims associated with the PDL requiring quantities greater than a 34-day supply will deny and require PA at the pharmacy POS. As with BMN, two distinct PAs will be required for claim approval, one for the PDL and one for the 34-day supply limitation. PA will not be granted unless an extenuating circumstance exists to substantiate the need to dispense greater than a 34-day supply of the product.

All non-maintenance drug claims not associated with the PDL that require quantities greater than a 34-day supply deny at the pharmacy POS and PA is required. PA will not be granted unless an extenuating circumstance exists to substantiate the need to dispense greater than the 34-day supply of the product.

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TABLE 1.C Miscellaneous Prior Authorization Programs

Explanatory note: As referenced in prior DUR Annual Reports, the first formal Indiana Medicaid drug prior authorization program was implemented as the "Indiana Rational Drug Program", or IRDP. Subsequently, a Preferred Drug List (PDL) was phased in over Federal Fiscal Years 2003 and 2004, and many of the components of the IRDP were incorporated into the PDL. Some discrete former components of the IRDP have been maintained apart from the PDL, and are referred to as "Miscellaneous Prior Authorization Programs", as follows:

Carafate® (Sucralfate):

- PA for all sucralfate

Cytotec®:

- PA for all Cytotec™

Growth Hormone:

- PA for all growth hormones

Synagis® and Respigam®

- All products – PA approved only between 10/15 – 4/30 annually for maximum of 6 doses.

Brand Medically Necessary:

- PA for all innovator, multiple-sourced drugs with State or Federal MAC rate when DAW code = 6.
- Exclusions: Claims for Coumadin™, Provera™, Synthroid™, Tegretol™, Lanoxin™, Premarin™, Dilantin™, and claims with 06 override for BMN, and days supply of 4 or less.

Revatio™ (sildenafil or Viagra®):

- PA for all Revatio™
- Exclusions: pulmonary hypertension

Acetaminophen & All Combination drugs containing acetaminophen (APAP) > 3 g/day:

- PA for all Acetaminophen & all combination drugs containing acetaminophen > 3 grams/day for a maximum of 4 grams/day for up to 10 days
- Exclusions: none

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TABLE 2. RETROSPECTIVE DUR CRITERIA

(Check All Relevant Boxes)

	DRUG PROBLEM TYPE											
THERAPEUTIC CATEGORY	**ID** Insuf Dose	**IDU** Duration	**OU** Over Use	**UU** Under Use	**DDI** Drug-Drug	**DDC** Drug-Dz	**TD** Ther Dup	**AG** App Gen	**O[1]** Thera Approp	**O[2]** Dose Op	**O[3]** Coordination of Care	**O[4]**
Oxycodone Extended Release Dose Optimization										**Dec 05 Mar 06**		
Zoloft Dose Optimization										**Feb 06 Apr 06**		
Over-Utilization of Short-Acting Beta Agonists			**Mar 06**									
Inappropriate Use of Long-Acting Benzodiazepines in the Elderly									**May 06**			
OTHER (specify)												

PROBLEM TYPE KEY

ID = Insufficient DOSE
IDU = Incorrect Duration
OU = Over Utilization
UU = Under Utilization
DDI = Drug/ Drug Interaction
DDC = Drug/ Disease Contradiction
TD = Therapeutic Duplication
AG = Appropriate Use of Generics

O = Other Problem Type
Specify: (1) Therapeutic Appropriateness (2) Dose Optimization (3) Coordination of Care

ATTACHMENT 1. PHARMACY SURVEY INFORMATION

Monitoring Pharmacy Compliance with OBRA '90 Prospective DUR Requirements

Prospective DUR (ProDUR)

Indiana Medicaid does not require use of the electronic claims management point-of-sale (POS)/ProDUR system by Indiana Medicaid Pharmacy providers. Those who do use the system benefit from the ProDUR information available at the POS, but must take appropriate action before the claim will pay.

ProDUR alerts require review by pharmacy providers and result in a payable claim , depending on action taken by the pharmacist upon posting of a given ProDUR alert. Some ProDUR alerts result in a stopped claim that will not pay unless prior authorization is obtained.

Patient counseling portion of ProDUR

The Indiana Board of Pharmacy, in coordination with Indiana Medicaid, promulgated patient counseling regulations *(copy enclosed on next page)* that became effective January 1, 1993. These regulations ensure that pharmacists offer ProDUR counseling.

Indiana Board of Pharmacy is the controlling authority over the patient counseling regulations portion of OBRA ’90 for the Indiana Medicaid program. The Board of Pharmacy inspects pharmacies and measures conformance with patient counseling requirements. See copy of inspection form (attachment on page 29). The Indiana Board of Pharmacy has requested that the Consumer Protection Division of the Indiana Office of the Attorney General forward all consumer complaints regarding patient counseling activities directly to the Board of Pharmacy. The Indiana Board of Pharmacy reviewed all relevant records and determined that no complaints against pharmacists or pharmacies had been filed due to a lack of patient counseling during FFY2006.

ATTACHMENT 1 –continued– Inspection Report Used by the Indiana Board of Pharmacy

INDIANA BOARD OF PHARMACY INSPECTION REPORT State Form 35890 (RA4/3-.95)			Name of pharmacy Address *(number and street.* city. *state. ZIP* code)			
Today's date and time	County		Telephone number	DEA number		
CSR number	I.D. number	Type	Total weekly hours	Gen. appearance	Open for bus.	

	NAMES OF PHARMACISTS EMPLOYED	LICENSE NO.	PRESENT	ABSENT	WEEKLY HOURS	LICENSE CURRENT
MANAGER						
OTHERS						

	YES	NO
1. Are all certificates property displayed, current and correct?		
2. 1s the pharmacy equipped as required by law?		
3. Are Rx files properly kept?		
Including name and address of patient filed numerically and chronologically?		
Retained over a period of 2 years?		
Indicate type of filing system used:		
4. Are refills of Rx properly recorded?		
Where?		
5. Are Rxs being refilled beyond date of validity?		
6. Are refills being properly documented?		
7. If Sch. II Emer. Rx filled, are proper records kept?		
8. How do you handle return medications?		
9. Is proper Rx format used (i.e. *generic law)?*		
Are generic substitutions properly documented?		
10. Date of last inventory:		
11. Are federal DEA order forms properly kept?		
12. Pharmacy documents *(orders, invoices, sales to doctors*) reviewed?		
Any deficiencies found?		
If yes, what?		
13. Schedule V register kept?		
Entries for the last 3 months:		
14. Are Schedule V sales controlled by the pharmacist?		
15. Are current reference books and laws available?		
16. Are pharmacy technicians used?		
How many?		
Are pharmacy technicians operating within the scope of the law / regulations?		
Records of technicians and training reviewed?		
17. Are all pharmaceuticals in date and stored as required?		
18. Previous violations been corrected since last inspection?		
19. Is computer in use? Type:		
20. Are computer records properly kept?		
Including on line retrieval of Rx status?		
Printout of Rx order and refill data for each day's dispensing?		
21. Are all Rxs verified by pharmacist?		
22. Are Rx transfers properly performed?		
23. OBRA compliance?		
Are patient profiles maintained?		
Patient counseling being offered?		
24. Is practice of site consistent with permit type?		

All irregularities in number or type of Rxs on file and other comments:

Signature of owner, Pharmacist or employee	Signature of inspector

ATTACHMENT 1 –continued–

Indiana Administrative Code Re: Counseling

ARTICLE 1. PHARMACIES AND PHARMACISTS (Last Updated 2006)

856 IAC 1-33-1 Definitions

Authority: IC 25-26-13-4
Affected: IC 25-26-13-4

Sec. 1 The following definitions apply throughout this rule:

(1) **"Counseling"** means appropriate communication, by a pharmacist, to a patient, as defined in subdivision (3), of information for the purpose of improving therapeutic outcomes by maximizing the proper use of drugs and devices dispensed pursuant to prescriptions.

(2) **"Offer"** means a statement that is verbal or, only if necessary for an individual patient, nonverbal, for example, printed or written, that clearly informs the patient that a pharmacist is available, at the time the offer is made, to counsel the patient, including, but not limited to, giving information to or answering questions, or both, from the patient.

(3) **"Patient"** means the following:

(A) The individual for whom a prescription was issued.

(B) The caregiver of the individual for whom a prescription was issued.

(C) The agent of the individual for whom a prescription was issued.

(*Indiana Board of Pharmacy; 856 IAC 1-33-1; filed Dec 1, 1992, 5:00 p.m.: 16 IR 1176; readopted filed Nov 13, 2001. 3:55 p.m.: 25 IR 1330)*

856 IAC 1-33-1.5 Offer requirements

Authority: IC 25-26-13-4
Affected: IC 25-26-13-10

Sec. 1.5 The following can satisfy an offer:

(1) A pharmacist counseling the patient.

(2) A pharmacist intern/extern registered under IC 25-26-13-10 if:

(A) Permitted by the pharmacist; and

(B) the counseling by he pharmacist intern/extern is followed by a bona fide offer for the pharmacist to counsel the patient and if the patient or patient's representative desires such counseling.

(3) A written notice containing the pharmacy's phone number and a bonoa fide offer when:

(A) a patient is not present and has not authorized the giving of information to another; or

(B) the drug or device is delivered by the United States Postal Service, parcel delivery, or hand delivery.

(4) Any personnel in the prescription department, as defined in 856 IAC 1-13-3(b)(3), making an offer to counsel, as defined in section 1(2) of this rule.

(b) The following cannot satisfy an offer:

(1) Making an offer for the patient to ask questions.

(2) Any other method that serves to shift the responsibility from the pharmacists to the patient for initiating the counseling or for selecting the informational content of the counseling.

(3) Relaying information through an intermediary, unless needed for translations, hearing impaired, or other situation beyond the control of the pharmacist.

(4) Using signs or other types of written notices or written information given to the patient with each drug dispensed. (*Indiana Board of Pharmacy; 856 IAC 1-33-1.5)*

ATTACHMENT 1 –continued–

856 IAC 1-33-2 Patient counseling requirements

Authority: IC 25-26-13-4
Affected: IC 25-26-13-16

Sec. 2. (a) Upon the receipt of a prescription or upon the subsequent refilling of a prescription, and following a review of the patient's prescription medication profile, the pharmacist shall be responsible for the initiation of an offer, as set forth in section 1.5(a) of this rule, to counsel the patient on matters that, in the pharmacist's professional judgment, are significant to optimizing drug therapy. Depending upon the situation, these matters may include, but are not necessarily limited to, the following:

(1) The name and description of the medicine.
(2) The route, dosage form, dosage, route of administration, and duration of drug therapy.
(3) Special directions and precautions.
(4) Common adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance and the action required if they occur.
(5) Techniques for self-monitoring drug therapy.
(6) Proper storage.
(7) Prescription refill information.
(8) Action to be taken in the event of a missed dose.

(b) Counseling shall be in person, whenever practicable, or through access to a telephone service which is toll free for long distance calls, and be held with the patient, the patient's caregiver, or the patient's representative.

(c) Alternative forms of patient information may be used to supplement verbal counseling when appropriate. Examples include written information leaflets, pictogram labels, and video programs. Nothing in this subsection shall be construed to mean that supplements may be a substitute for verbal counseling when verbal counseling is practicable.

(d) Nothing in this rule shall be construed as requiring a pharmacist to provide counseling when a patient knowingly declines (waives) the offer to counsel.

(e) Requesting or accepting, or both, a waiver for counseling for all prescriptions both present and future is not permitted. An offer must be made with each prescription-dispensing visit.

(f) The patient’s declining of counseling must be documented in either written or electronic format. The required documentation may be on the same form as or with another pharmacy-related authorization, only if it is clear to the patient that the documentation form also contains the patient’s intent to decline (waive) counseling. The documentation subject to this section shall be retained in the pharmacy licensed area or in a secure area under the pharmacy’s control, which is readily available for inspection, for a period of not less than two (2) years. *(Indiana Board of Pharmacy; 856 IAC 1-33-2; filed Dec 1, 1992, 5:00 p.m.: 16 IR 1176; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330)*

ATTACHMENT 2. Prospective DUR (ProDUR) ACTIVITY

The attached reports are year-end reports for prospective DUR generated by the claims processor vendor, EDS. Below is a brief narrative of each of the reports and the information they contain.

Attachment 2.1.A: Report DUR-0011-A-(ProDUR Activity High Level Summary by DUR Screen) This report shows each of the pro-DUR screenings that were performed for Indiana Medicaid. It shows the number of alerts that were set for each screen, the number of claims that were overridden by the pharmacist, the number of claims that were canceled due to the pro-DUR alert and the number of non-responses. Please note that a pharmacist has three days to respond to a pro-DUR alert before the system will remove the claim. After three days, the prescription needs to be resubmitted and the pro-DUR alert overridden if the pharmacist still wants to dispense the medication.

Attachment 2.1.B: Report DUR-0012-A-(ProDUR Activity Detail: DUR Screen by Therapeutic Class) This report shows up to the top twenty-five therapeutic categories and drugs that are set for each particular alert. Those alerts that list less then twenty-five show all the therapeutic categories approved by the Board. The column titled "# Claims Screened" is the total number of claims that came in through the POS system for that particular therapeutic category and drug, but not all of them set pro-DUR alerts.

Attachment 2.1.C: Report DUR-0013-A-(ProDUR Activity: DUR Screen by Intervention Summary) This report shows the percentage of pro-DUR alerts that were either overridden or cancelled based upon each of the valid intervention codes for Indiana Medicaid. The only valid intervention codes for Indiana Medicaid are listed in the key on the next page. Intervention codes are: M0 (Prescriber consulted), P0 (Recipient or patient consulted) or R0 (other source consulted).

Attachment 2.1.D: Report DUR-0013-B-(ProDUR Activity: DUR Screen by Outcome Summary) This report shows the percentage of pro-DUR alerts that were either overridden or cancelled based upon each of the valid outcome codes for Indiana Medicaid. The valid outcome codes for Indiana Medicaid are listed in the key on the next page.

Attachment 2.1.E: Report DUR-0014-A-(ProDUR Report: DUR Screen by Pharmacist Intervention and Outcome Overrides) This report shows how many of each of the valid outcome codes were used with specific pro-DUR alerts and valid intervention codes.

Attachment 2.1.F: Report DUR-0015-A-(ProDUR Report by Drug Combinations Involved in DUR Screening) This report shows the drug combinations involved in the pro-DUR screening. It is listed by each alert, showing the therapeutic category approved by the DUR board for each alert and the two drugs involved in actually causing the pro-DUR alert to set. It is then broken out to show how many alerts were generated and whether they were overridden by the pharmacist, cancelled or not responded to. The "# Claims Screened" column is the total number of claims that came through the POS system for that therapeutic category and drug, but not all of them set pro-DUR alerts.

DUR Codes KEY

Reason for Service Codes (DUR Conflict Codes)

Code	Meaning	Code	Meaning
AT	Additive Toxicity	LD	Low Dose alert
CH	Call Help Desk	LR	Under Use Precaution
DA	Drug Allergy Alert	MC	Drug Disease Precaution
DC	Inferred Drug Disease Precaution	MN	Insufficient Duration Alert
DD	Drug-Drug Interaction	MX	Excessive Duration Alert
DF	Drug Food Interactions	OH	Alcohol Precaution
DI	Drug Incompatibility	PA	Drug Age Precaution
DL	Drug Lab conflict	PG	Drug Pregnancy alert
DS	Tobacco use precaution	PR	Prior Adverse drug reaction
ER	Over Use precaution	SE	Side effect alert
HD	High Dose alert	SX	Drug gender alert
IC	Iatrogenic condition alert	TD	Therapeutic Duplication
ID	Ingredient Duplication		

Professional Service Codes (Intervention Codes)

Code	Meaning	Code	Meaning
M0	MD Interface	R0	Pharmacist reviewed
P0	Patient Interaction		

Result of Service Codes (DUR Outcome Codes)

Code	Meaning	Code	Meaning
1A	Filled – False Positive	1F	Filled – Different quantity
1B	Filled as is	1G	Filled after prescriber approval
1C	Filled with different dose	2A	Not Filled
1D	Filled with different directions	2B	Not Filled – Directions Clarified

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ATTACHMENT 2.1.A ProDUR ACTIVITY SUMMARY BY DUR SCREEN REPORT

PRODUR ACTIVITY SUMMARY BY DUR CONFLICT or DUR SCREEN

EDS ProDUR Report #: DUR-0011-A

High Level Summary by DUR Screen

Time Period: 10/14/2005 to 10/10/2006

DUR Screen		DUR ALERTS		PAID Rxs		DENIED Rxs			
DUR Conflict Code	DUR Screen (Description)	# Alerts*†	% of All DUR Alerts	# Overrides (or # Rx PAID)	% Overrides (or % PAID)	# Cancella-tions	# Non-Responses	# of Cancellations & Non-Responses (or # DENIED or Rx Not Filled)	% Cancellations & Non-Responses (Rx not Filled)
DD	DRUG-DRUG INTERACTION	9,153	0.8%	2,610	28.5%	54	6,468	6,522	71.3%
ER	OVERUSE - EARLY REFILL ALERT	402,394	33.9%	36,785	9.1%	6,074	359,016	365,090	90.7%
HD	OVERUSE - HIGH DOSE ALERT	57,099	4.8%	48,708	85.3%	77	8,270	8,347	14.6%
LD	LOW DOSE ALERT ††	49,845	4.2%	17,364	34.8%	56	32,049	32,105	64.4%
LR	LATE REFILL	31,738	2.7%	26,466	83.4%	3	5,239	5,242	16.5%
MC	DRUG-DISEASE CONTRAINDICATION	175,904	14.8%	87,079	49.5%	417	87,466	87,883	50.0%
PA	DRUG-AGE	4,209	0.4%	1,500	35.6%	3	2,663	2,666	63.3%
PG	DRUG-PREGNANCY	283	0.0%	111	39.2%	0	170	170	60.1%
TD	THERAPEUTIC DUPLICATION	457,790	38.5%	397,059	86.7%	353	60,265	60,618	13.2%
	SUM	**1,188,415**	**100.0%**	**617,682**	**52.0%**	**7,037**	**561,606**	**568,643**	**47.8%**

*** NOTE:** A pharmacist has three days to respond to a pro-DUR alert before the system will remove the claim. After the three days, the prescription would need to be resubmitted and the pro-DUR alert overridden if the pharmacist still wanted to dispense the medication.

† **NOTE:** Number of DUR Alerts is made up of overrides, cancellations, non-responses, & reversals. Reversals are not reported separately; therefore, # cancellations and non-responses will not equal total number of alerts.

†† **NOTE:** Low Dose DUR Alerts were only active October and November 2006. Afterwards, Low Dose became “post-and-pay” alerts.

ATTACHMENT 2.1.B. ProDUR Activity Detail: DUR Screen by Therapeutic Class

EDS ProDUR Report #: DUR-0012-A

ATTACHMENT 2.1.B.1. DRUG-DRUG INTERACTION (DD)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels / Total Rx
DD	1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	825	1	0	1	0.1	0.1
DD	1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB	707	15	2	13	2.1	1.8
DD	1ST GENERATION ANTIHISTAMINE-ANTICHOLINERGIC COMB.	2	1	1	0	50.0	0.0
DD	ABSORBABLE SULFONAMIDES	11,720	22	2	20	0.2	0.2
DD	ACNE AGENTS,SYSTEMIC	60	10	3	7	16.7	11.7
DD	ADRENERGIC VASOPRESSOR AGENTS	180	4	0	4	2.2	2.2
DD	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	11,756	7	3	4	0.1	0.0
DD	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	19,400	20	7	13	0.1	0.1
DD	AMINOGLYCOSIDES	1,759	33	15	18	1.9	1.0
DD	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	7,737	23	1	22	0.3	0.3
DD	ANALGESIC/ANTIPYRETICS, SALICYLATES	67,521	7	4	3	0.0	0.0
DD	ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION	1,034	5	0	5	0.5	0.5
DD	ANALGESICS,NARCOTICS	537,456	424	164	256	0.1	0.0
DD	ANAPHYLAXIS THERAPY AGENTS	58	1	0	1	1.7	1.7
DD	ANTIANGINAL & ANTI-ISCHEMIC AGENTS,NON-HEMODYNAMIC	48	10	2	8	20.8	16.7
DD	ANTI-ANXIETY DRUGS	336,493	64	31	33	0.0	0.0
DD	ANTIARRHYTHMICS	7,963	421	143	278	5.3	3.5
DD	ANTICHOLINERGICS/ANTISPASMODICS	3,425	80	13	66	2.3	1.9
DD	ANTICONVULSANTS	255,081	32	24	8	0.0	0.0
DD	ANTIDIARRHEALS	11,762	100	7	92	0.9	0.8
DD	ANTIEMETIC/ANTIVERTIGO AGENTS	11,227	10	0	10	0.1	0.1
DD	ANTIFUNGAL AGENTS	19,320	466	93	373	2.4	1.9
DD	ANTIHISTAMINES - 1ST GENERATION	28,416	7	0	7	0.0	0.0
DD	ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE	527	191	80	111	36.2	21.1
DD	ANTIMIGRAINE PREPARATIONS	11,109	89	18	71	0.8	0.6
DD	ANTI-MYCOBACTERIUM AGENTS	528	20	15	5	3.8	0.9
DD	ANTI-NARCOLEPSY & ANTI-CATAPLEXY,SEDATIVE-TYPE AGT	74	55	33	22	74.3	29.7
DD	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	276	11	5	6	4.0	2.2
DD	ANTINEOPLASTICS,MISCELLANEOUS	3,407	56	21	35	1.6	1.0
DD	ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC	6,016	146	18	128	2.4	2.1
DD	ANTIPARKINSONISM DRUGS,OTHER	23,023	329	193	136	1.4	0.6
DD	ANTIPRURITICS,TOPICAL	97	14	4	10	14.4	10.3
DD	ANTIPSORIATIC AGENTS,SYSTEMIC	6	3	1	2	50.0	33.3
DD	ANTIPSYCH,DOPAMINE ANTAG.,DIPHENYLBUTYLPIPERIDINES	175	106	42	64	60.6	36.6
DD	ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG	263,146	664	110	554	0.3	0.2
DD	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES	9,669	40	16	24	0.4	0.2
DD	ANTI-PSYCHOTICS,PHENOTHIAZINES	15,031	1,025	440	584	6.8	3.9
DD	ANTISPASMODIC AGENTS	22	3	0	3	13.6	13.6
DD	ANTITUBERCULAR ANTIBIOTICS	247	9	0	9	3.6	3.6
DD	ANTITUSSIVES,NON-NARCOTIC	1,010	1	1	0	0.1	0.0
DD	ANTI-ULCER-H.PYLORI AGENTS	41	5	1	4	12.2	9.8
DD	ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB	5	2	1	1	40.0	20.0
DD	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	2,368	22	22	0	0.9	0.0
DD	ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI	855	4	4	0	0.5	0.0
DD	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB	893	33	17	16	3.7	1.8
DD	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	2,843	78	32	46	2.7	1.6
DD	ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&NON-NUCLEOSIDE RTI	49	2	0	2	4.1	4.1
DD	BELLADONNA ALKALOIDS	1,337	62	11	51	4.6	3.8
DD	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	639	1	0	1	0.2	0.2
DD	BETA-ADRENERGIC AGENTS	137,138	61	28	33	0.0	0.0
DD	BETA-ADRENERGIC BLOCKING AGENTS	135,104	187	100	87	0.1	0.1
DD	BETA-ADRENERGICS AND GLUCOCORTICOIDS COMBINATION	9,861	39	0	39	0.4	0.4
DD	CALCIUM CHANNEL BLOCKING AGENTS	68,802	26	18	8	0.0	0.0
DD	CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.	679	12	1	11	1.8	1.6
DD	GASTRIC ACID SECRETION REDUCERS	197,756	26	5	21	0.0	0.0
DD	GENERAL BRONCHODILATOR AGENTS	9,377	15	10	5	0.2	0.1
DD	HYPERURICEMIA TX - PURINE INHIBITORS	576	1	0	1	0.2	0.2
DD	HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS	528	6	0	6	1.1	1.1
DD	HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIB TYPE (N-S)	528	18	0	18	3.4	3.4
DD	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	44,918	18	13	5	0.0	0.0
DD	HYPOTENSIVES,ANGIOTENSIN RECEPTOR ANTAGONIST	23,523	9	5	4	0.0	0.0
DD	IMMUNOSUPPRESSIVES	11,076	76	45	31	0.7	0.3
DD	INFLUENZA VIRUS VACCINES	2,758	136	4	132	4.9	4.8
DD	INTESTINAL MOTILITY STIMULANTS	20,912	43	5	38	0.2	0.2
DD	KETOLIDES	268	45	9	36	16.8	13.4
DD	LIPOTROPICS	197,222	85	18	66	0.0	0.0
DD	LOOP DIURETICS	95,340	33	11	22	0.0	0.0
DD	MACROLIDES	49,213	329	18	311	0.7	0.6
DD	MAOIS - NON-SELECTIVE & IRREVERSIBLE	53	17	4	13	32.1	24.5
DD	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	10,389	2	0	2	0.0	0.0
DD	MONOAMINE OXIDASE(MAO) INHIBITORS	28	24	4	20	85.7	71.4

ATTACHMENT 2.1.B. -- Continued -- ProDUR Activity Detail: by Therapeutic Class

EDS **ProDUR Report #:** DUR-0012-A

ATTACHMENT 2.1.B.1. -- Continued --DRUG-DRUG INTERACTION (DD)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels / Total Rx
DD	NARCOTIC ANTAGONISTS	936	76	8	68	8.1	7.3
DD	NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	2,924	2	0	2	0.1	0.1
DD	NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.	83	3	0	3	3.6	3.6
DD	NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION	1,724	1	0	1	0.1	0.1
DD	NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	1,555	3	0	3	0.2	0.2
DD	NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.	15,573	27	0	27	0.2	0.2
DD	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	38,610	27	20	7	0.1	0.0
DD	NOSE PREPARATIONS, MISCELLANEOUS (RX)	63	7	1	6	11.1	9.5
DD	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	136,864	632	83	539	0.5	0.4
DD	ORAL ANTICOAGULANTS,COUMARIN TYPE	32,911	25	8	17	0.1	0.1
DD	OXAZOLIDINONES	950	919	196	723	96.7	76.1
DD	PENICILLINS	21,541	2	0	2	0.0	0.0
DD	PITUITARY SUPPRESSIVE AGENTS	565	8	4	4	1.4	0.7
DD	POTASSIUM REPLACEMENT	38,536	672	110	560	1.7	1.5
DD	POTASSIUM SPARING DIURETICS	15,966	39	7	32	0.2	0.2
DD	POTASSIUM SPARING DIURETICS IN COMBINATION	1,490	1	0	1	0.1	0.1
DD	PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB	17	4	2	2	23.5	11.8
DD	PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST	67	5	4	1	7.5	1.5
DD	QUINOLONES	50,165	325	19	305	0.6	0.6
DD	SEDATIVE-HYPNOTICS,NON-BARBITURATE	71,035	51	14	37	0.1	0.1
DD	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)	1,624	18	8	10	1.1	0.6
DD	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	252,371	513	250	259	0.2	0.1
DD	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	14,636	9	9	0	0.1	0.0
DD	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	52,744	95	11	84	0.2	0.2
DD	SKELETAL MUSCLE RELAXANTS	92,085	87	21	66	0.1	0.1
DD	SYMPATHOMIMETIC AGENTS	493	1	0	1	0.2	0.2
DD	TETRACYCLINES	3,820	39	8	31	1.0	0.8
DD	TOPICAL ANTIBIOTICS	10,127	3	0	3	0.0	0.0
DD	TOPICAL ANTIFUNGALS	4,404	24	1	19	0.5	0.4
DD	TOPICAL IMMUNOSUPPRESSIVE AGENTS	900	15	0	15	1.7	1.7
DD	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS	54	4	0	4	7.4	7.4
DD	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	47,084	141	112	29	0.3	0.1
DD	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	16,160	3	2	1	0.0	0.0
DD	URINARY PH MODIFIERS	239	1	0	1	0.4	0.4
DD	URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.	287	29	6	23	10.1	8.0
DD	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	26,095	364	62	302	1.4	1.2
DD	VACCINE/TOXOID PREPARATIONS,COMBINATIONS	4	2	1	1	50.0	25.0
DD	VAGINAL ANTIFUNGALS	236	1	0	1	0.4	0.4
DD	VASODILATORS,CORONARY	8,633	2	0	2	0.0	0.0
DD	VITAMIN A DERIVATIVES	322	68	16	52	21.1	16.1
DD	**DRUG-DRUG INTERACTION ALERT (DD) TOTAL**	**3,696,287**	**10,264**	**2,898**	**7,337**		

† **NOTE:** Number of Alerts is made up of overrides, cancellations, non-responses, & reversals. Reversals are not reported separately; therefore, # cancellations and non-responses will not equal total number of alerts.

† **NOTE:** Attachment 2.B. Detail of Alerts by Therapeutic Class will report as slightly higher than "Attachment 2.A. High Level Summary Screen"

ATTACHMENT 2.1.B. -- Continued -- ProDUR Activity Detail: by Therapeutic Class

EDS **ProDUR Report #:** DUR-0012-A

ATTACHMENT 2.1.B.2. EARLY REFILL ALERT (ER)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancella-tions & Non-Responses	% Alerts /Total Rx	% Cancels /Total Rx
ER	1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	7,522	164	5	159	2.2	2.1
ER	1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB	7,433	229	6	223	3.1	3.0
ER	ABSORBABLE SULFONAMIDES	29,003	1,733	91	1,642	6.0	5.7
ER	ACNE AGENTS,SYSTEMIC	75	6	0	6	8.0	8.0
ER	ADRENERGIC AGENTS,CATECHOLAMINES	10	1	0	1	10.0	10.0
ER	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	40,545	2,189	192	1,996	5.4	4.9
ER	ALKYLATING AGENTS	1,285	68	7	61	5.3	4.7
ER	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	31,149	2,091	162	1,926	6.7	6.2
ER	ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS	10,225	529	83	446	5.2	4.4
ER	AMMONIA INHIBITORS	4,208	269	20	249	6.4	5.9
ER	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	11,037	249	12	237	2.3	2.1
ER	ANALGESIC/ANTIPYRETICS, SALICYLATES	174,413	4,874	385	4,484	2.8	2.6
ER	ANALGESIC/ANTIPYRETICS,NON-SALICYLATE	152,802	6,358	936	5,420	4.2	3.5
ER	ANALGESICS NARCOTIC, ANESTHETIC ADJUNCT AGENTS	3	3	0	3	100.0	100.0
ER	ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION	3,149	234	26	208	7.4	6.6
ER	ANALGESICS,NARCOTICS	537,456	31,529	2,923	28,529	5.9	5.3
ER	ANAPHYLAXIS THERAPY AGENTS	863	11	1	10	1.3	1.2
ER	ANDROGENIC AGENTS	2,214	88	12	76	4.0	3.4
ER	ANTACIDS	32,480	1,143	79	1,064	3.5	3.3
ER	ANTHELMINTICS	123	2	0	2	1.6	1.6
ER	ANTI-ALCOHOLIC PREPARATIONS	1,708	133	26	106	7.8	6.2
ER	ANTIANDROGENIC AGENTS	316	16	0	16	5.1	5.1
ER	ANTIANGINAL & ANTI-ISCHEMIC AGENTS,NON-HEMODYNAMIC	2	1	0	1	50.0	50.0
ER	ANTI-ANXIETY DRUGS	336,493	23,723	2,340	21,343	7.1	6.3
ER	ANTIARRHYTHMICS	7,963	520	43	477	6.5	6.0
ER	ANTI-ARTHRITIC AND CHELATING AGENTS	11	1	0	1	9.1	9.1
ER	ANTICHOLINERGICS,QUATERNARY AMMONIUM	3,285	265	21	244	8.1	7.4
ER	ANTICHOLINERGICS/ANTISPASMODICS	7,512	381	38	341	5.1	4.5
ER	ANTICOAGULANTS,COUMARIN TYPE	2,388	233	76	157	9.8	6.6
ER	ANTICONVULSANTS	443,438	39,231	4,524	34,671	8.8	7.8
ER	ANTIDIARRHEALS	16,959	688	58	630	4.1	3.7
ER	ANTIDIURETIC AND VASOPRESSOR HORMONES	7,884	705	74	631	8.9	8.0
ER	ANTIEMETIC/ANTIVERTIGO AGENTS	29,576	1,151	97	1,050	3.9	3.6
ER	ANTIFIBRINOLYTIC AGENTS	9	1	0	1	11.1	11.1
ER	ANTI-FLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST	18	2	0	2	11.1	11.1
ER	ANTIFLATULENTS	3,983	195	25	169	4.9	4.2
ER	ANTIFUNGAL AGENTS	19,320	370	21	349	1.9	1.8
ER	ANTIFUNGAL ANTIBIOTICS	6,794	342	32	310	5.0	4.6
ER	ANTIGENIC SKIN TESTS	19	1	0	1	5.3	5.3
ER	ANTIHEMOPHILIC FACTORS	281	12	5	7	4.3	2.5
ER	ANTIHISTAMINES - 1ST GENERATION	78,368	3,280	232	3,044	4.2	3.9
ER	ANTIHISTAMINES - 2ND GENERATION	140,366	7,129	432	6,697	5.1	4.8
ER	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	2,450	129	7	122	5.3	5.0
ER	ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE	541	57	12	45	10.5	8.3
ER	ANTIHYPERLIP(HMGCOA) & CALCIUM CHANNEL BLOCKER CMB	3,136	150	1	149	4.8	4.8
ER	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	2,721	200	15	185	7.4	6.8
ER	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR	1,037	65	4	61	6.3	5.9
ER	ANTI-INFLAMMATORY/ANTIARTHRITICS AGENTS, MISC.	11	1	1	0	9.1	0.0
ER	ANTILEPROTICS	622	44	4	40	7.1	6.4
ER	ANTIMALARIAL DRUGS	13,748	677	42	635	4.9	4.6
ER	ANTI-MANIA DRUGS	18,041	1,666	177	1,488	9.2	8.2
ER	ANTIMETABOLITES	5,645	438	40	398	7.8	7.1
ER	ANTIMIGRAINE PREPARATIONS	11,109	142	5	137	1.3	1.2
ER	ANTI-MYCOBACTERIUM AGENTS	871	69	9	60	7.9	6.9
ER	ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.	41	3	0	3	7.3	7.3
ER	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	768	42	0	42	5.5	5.5
ER	ANTINEOPLASTICS,MISCELLANEOUS	3,793	230	4	226	6.1	6.0
ER	ANTINFLAMMATORY, SEL.COSTIM.MOD.,T-CELL INHIBITOR	5	1	0	1	20.0	20.0
ER	ANTIPARASITICS	6	1	0	1	16.7	16.7
ER	ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC	29,446	2,572	224	2,345	8.7	8.0
ER	ANTIPARKINSONISM DRUGS,OTHER	23,817	1,649	191	1,458	6.9	6.1
ER	ANTIPERSPIRANTS	41	5	0	5	12.2	12.2
ER	ANTIPROTOZOAL DRUGS,MISCELLANEOUS	66	4	0	4	6.1	6.1
ER	ANTIPRURITICS,TOPICAL	111	3	0	3	2.7	2.7
ER	ANTIPSORIATIC AGENTS,SYSTEMIC	108	17	0	17	15.7	15.7
ER	ANTIPSORIATICS AGENTS	1,281	61	3	58	4.8	4.5
ER	ANTIPSYCH,DOPAMINE ANTAG.,DIPHENYLBUTYLPIPERIDINES	113	10	0	10	8.8	8.8
ER	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	41,256	4,393	375	4,009	10.6	9.7
ER	ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS	1,052	123	6	117	11.7	11.1
ER	ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG	263,146	25,327	2,714	22,538	9.6	8.6
ER	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES	2,053	188	26	161	9.2	7.8
ER	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES	12,688	1,128	144	983	8.9	7.7
ER	ANTIPSYCHOTICS,DOPAMINE ANTAGONST,DIHYDROINDOLONES	123	11	2	8	8.9	6.5
ER	ANTI-PSYCHOTICS,PHENOTHIAZINES	15,031	1,271	184	1,084	8.5	7.2

ATTACHMENT 2.1.B. -- Continued -- ProDUR Activity Detail: by Therapeutic Class

EDS **ProDUR Report #:** DUR-0012-A

ATTACHMENT 2.1.B.2. -- Continued -- EARLY REFILL ALERT (ER)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels / Total Rx
ER	ANTISEBORRHEIC AGENTS	3,223	74	3	71	2.3	2.2
ER	ANTISERA	204	26	5	21	12.7	10.3
ER	ANTISPASMODIC AGENTS	7	1	0	1	14.3	14.3
ER	ANTITHYROID PREPARATIONS	1,350	106	9	97	7.9	7.2
ER	ANTITUBERCULAR ANTIBIOTICS	438	21	1	20	4.8	4.6
ER	ANTITUSSIVES,NON-NARCOTIC	10,089	227	8	219	2.2	2.2
ER	ANTI-ULCER PREPARATIONS	4,200	263	21	242	6.3	5.8
ER	ANTI-ULCER-H.PYLORI AGENTS	58	4	0	4	6.9	6.9
ER	ANTIVIRAL MONOCLONAL ANTIBODIES	629	30	1	29	4.8	4.6
ER	ANTIVIRALS, GENERAL	8,271	318	28	290	3.8	3.5
ER	ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG	2,020	78	4	74	3.9	3.7
ER	ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB	1,948	139	12	127	7.1	6.5
ER	ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS	69	9	2	7	13.0	10.1
ER	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	2,368	110	9	101	4.6	4.3
ER	ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI	2,990	156	7	149	5.2	5.0
ER	ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI	563	34	2	32	6.0	5.7
ER	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB	1,617	78	6	72	4.8	4.5
ER	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	3,040	145	10	135	4.8	4.4
ER	APPETITE STIM. FOR ANOREXIA,CACHEXIA,WASTING SYND.	3,149	120	12	108	3.8	3.4
ER	APPETITE STIMULANTS	1,096	99	5	94	9.0	8.6
ER	ARTIFICIAL TEARS	30,636	869	55	814	2.8	2.7
ER	ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&NON-NUCLEOSIDE RTI	31	1	0	1	3.2	3.2
ER	ASTRINGENTS	2	2	0	2	100.0	100.0
ER	BARBITURATES	25,655	1,456	115	1,340	5.7	5.2
ER	BELLADONNA ALKALOIDS	6,494	286	33	253	4.4	3.9
ER	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	13,541	783	61	722	5.8	5.3
ER	BETA-ADRENERGIC AGENTS	143,890	9,836	583	9,191	6.8	6.4
ER	BETA-ADRENERGIC BLOCKING AGENTS	146,773	9,591	677	8,898	6.5	6.1
ER	BETA-ADRENERGICS AND GLUCOCORTICOIDS COMBINATION	31,899	1,770	61	1,706	5.5	5.3
ER	BETALACTAMS	13	1	0	1	7.7	7.7
ER	BICARBONATE PRODUCING/CONTAINING AGENTS	174	47	15	32	27.0	18.4
ER	BILE SALT SEQUESTRANTS	2,464	98	15	83	4.0	3.4
ER	BILE SALTS	929	41	2	39	4.4	4.2
ER	BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE	612	41	0	41	6.7	6.7
ER	BONE RESORPTION INHIBITOR & VITAMIN D COMBINATIONS	931	37	2	35	4.0	3.8
ER	BONE RESORPTION INHIBITORS	41,145	2,074	113	1,959	5.0	4.8
ER	BULK CHEMICALS	82	10	0	10	12.2	12.2
ER	CALCIMIMETIC,PARATHYROID CALCIUM ENHANCER	1,651	110	4	106	6.7	6.4
ER	CALCIUM CHANNEL BLOCKING AGENTS	103,388	5,697	300	5,395	5.5	5.2
ER	CALCIUM REPLACEMENT	145,860	4,620	442	4,178	3.2	2.9
ER	CARBAPENEMS (THIENAMYCINS)	336	16	0	16	4.8	4.8
ER	CARBONIC ANHYDRASE INHIBITORS	1,951	95	9	86	4.9	4.4
ER	CENTRAL NERVOUS SYSTEM STIMULANTS	191	15	0	15	7.9	7.9
ER	CEPHALOSPORINS - 1ST GENERATION	37,993	953	47	904	2.5	2.4
ER	CEPHALOSPORINS - 2ND GENERATION	7,457	212	6	206	2.8	2.8
ER	CEPHALOSPORINS - 3RD GENERATION	13,000	435	31	404	3.3	3.1
ER	CEPHALOSPORINS - 4TH GENERATION	94	7	0	7	7.4	7.4
ER	CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.	882	40	3	37	4.5	4.2
ER	CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	398	27	2	25	6.8	6.3
ER	CHOLINESTERASE INHIBITORS	28,488	1,287	140	1,144	4.5	4.0
ER	CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT,RECTAL TX	102	7	0	7	6.9	6.9
ER	COLCHICINE	2,923	181	18	163	6.2	5.6
ER	CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	513	29	1	28	5.7	5.5
ER	CONTRACEPTIVES,INJECTABLE	4,535	166	9	157	3.7	3.5
ER	CONTRACEPTIVES,ORAL	24,725	1,579	60	1,518	6.4	6.1
ER	CONTRACEPTIVES,TRANSDERMAL	3,787	349	13	336	9.2	8.9
ER	CYCLIC LIPOPEPTIDES	60	3	0	3	5.0	5.0
ER	DECARBOXYLASE INHIBITORS	10	5	0	5	50.0	50.0
ER	DECONGESTANT-ANTICHOLINERGIC COMBINATIONS	5	1	0	1	20.0	20.0
ER	DECONGESTANT-EXPECTORANT COMBINATIONS	13,660	362	28	333	2.7	2.4
ER	DENTAL AIDS AND PREPARATIONS	7,147	257	11	246	3.6	3.4
ER	DIABETIC ULCER PREPARATIONS,TOPICAL	275	21	1	20	7.6	7.3
ER	DIGITALIS GLYCOSIDES	25,877	1,555	91	1,462	6.0	5.6
ER	DILUENT SOLUTIONS	22	1	0	1	4.5	4.5
ER	DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT	2,723	187	21	162	6.9	5.9
ER	DRUGS TO TREAT HEREDITARY TYROSINEMIA	3	1	0	1	33.3	33.3
ER	EAR PREPARATIONS ANTI-INFLAMMATORY	4	1	0	1	25.0	25.0
ER	EAR PREPARATIONS, MISC. ANTI-INFECTIVES	167	6	0	6	3.6	3.6
ER	EAR PREPARATIONS,ANTIBIOTICS	5,705	102	6	96	1.8	1.7
ER	EAR PREPARATIONS,EAR WAX REMOVERS	4,806	96	3	93	2.0	1.9
ER	EAR PREPARATIONS,LOCAL ANESTHETICS	1,095	15	2	13	1.4	1.2
ER	ELECTROLYTE DEPLETERS	7,782	590	72	518	7.6	6.7
ER	ELECTROLYTE MAINTENANCE	565	38	2	36	6.7	6.4
ER	EMOLLIENTS	7,396	131	13	118	1.8	1.6
ER	ESTROGENIC AGENTS	32,636	1,778	80	1,695	5.4	5.2
ER	EXPECTORANT COMBINATIONS OTHER	5	1	0	1	20.0	20.0
ER	EXPECTORANTS	18,430	638	78	560	3.5	3.0
ER	EYE ANTIBIOTIC-CORTICOID COMBINATIONS	1,378	50	23	27	3.6	2.0
ER	EYE ANTIHISTAMINES	4,179	152	39	113	3.6	2.7
ER	EYE ANTIINFLAMMATORY AGENTS	4,984	241	74	167	4.8	3.4
ER	EYE ANTIVIRALS	64	7	1	6	10.9	9.4
ER	EYE PREPARATIONS, MISCELLANEOUS (OTC)	4,292	109	31	78	2.5	1.8
ER	EYE SULFONAMIDES	2,036	32	15	17	1.6	0.8
ER	EYE VASOCONSTRICTORS (RX ONLY)	19	2	0	2	10.5	10.5

ATTACHMENT 2.1.B. -- Continued -- ProDUR Activity Detail: by Therapeutic Class

EDS **ProDUR Report #:** DUR-0012-A

-- Continued -- ATTACHMENT 2.1.B.2.-- Continued --EARLY REFILL ALERT (ER)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancella-tions & Non-Responses	% Alerts /Total Rx	% Cancels / Total Rx
ER	FACTOR IX PREPARATIONS	36	5	3	2	13.9	5.6
ER	FLUORIDE PREPARATIONS	2,406	78	7	71	3.2	3.0
ER	FOLIC ACID PREPARATIONS	38,438	1,937	175	1,762	5.0	4.6
ER	GASTRIC ACID SECRETION REDUCERS	291,881	14,598	1,171	13,427	5.0	4.6
ER	GASTRIC ENZYMES	2,466	145	10	135	5.9	5.5
ER	GENERAL BRONCHODILATOR AGENTS	31,668	1,865	132	1,732	5.9	5.5
ER	GENERAL INHALATION AGENTS	1,297	41	0	41	3.2	3.2
ER	GERIATRIC VITAMIN PREPARATIONS	7,281	152	9	143	2.1	2.0
ER	GLUCOCORTICOIDS	80,319	4,262	429	3,826	5.3	4.8
ER	GLYCYLCYCLINES	9	1	0	1	11.1	11.1
ER	GOLD SALTS	12	2	1	1	16.7	8.3
ER	GRAM POSITIVE COCCI VACCINES	1,113	2	0	2	0.2	0.2
ER	GROWTH HORMONES	949	29	0	29	3.1	3.1
ER	HEMATINICS,OTHER	6,142	442	20	415	7.2	6.8
ER	HEMORRHEOLOGIC AGENTS	2,534	147	9	138	5.8	5.4
ER	HEMORRHOIDAL PREP, ANTI-INFAM STEROID/LOCAL ANESTH	35	2	0	2	5.7	5.7
ER	HEMORRHOIDAL PREPARATIONS	535	16	1	14	3.0	2.6
ER	HEMORRHOIDALS, LOCAL RECTAL ANESTHETICS	27	2	0	2	7.4	7.4
ER	HEPARIN AND RELATED PREPARATIONS	12,446	657	54	601	5.3	4.8
ER	HEPATITIS B TREATMENT AGENTS	185	16	3	13	8.6	7.0
ER	HEPATITIS C TREATMENT AGENTS	2,528	169	6	163	6.7	6.4
ER	HYPERGLYCEMICS	3,856	87	7	80	2.3	2.1
ER	HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE	710	85	8	77	12.0	10.8
ER	HYPERURICEMIA TX - PURINE INHIBITORS	11,752	734	56	676	6.2	5.8
ER	HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS	2,602	124	7	117	4.8	4.5
ER	HYPOGLY, INSULIN-RESPONSE & INSULIN RELEASE COMB.	225	25	3	22	11.1	9.8
ER	HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIB TYPE (N-S)	671	28	0	28	4.2	4.2
ER	HYPOGLYCEMICS, BIGUANIDE TYPE (NON-SULFONYLUREAS)	62,156	4,256	403	3,853	6.8	6.2
ER	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	64,959	5,042	432	4,610	7.8	7.1
ER	HYPOGLYCEMICS, INSULIN-RESPONSE ENHANCER (N-S)	41,354	1,020	96	922	2.5	2.2
ER	HYPOPIGMENTATION AGENTS	91	5	0	5	5.5	5.5
ER	HYPOTENSIVES, ACE INHIBITORS	161,539	9,694	620	9,062	6.0	5.6
ER	HYPOTENSIVES,ANGIOTENSIN RECEPTOR ANTAGONIST	43,011	2,318	98	2,218	5.4	5.2
ER	HYPOTENSIVES,MISCELLANEOUS	5,892	312	25	287	5.3	4.9
ER	HYPOTENSIVES,SYMPATHOLYTIC	42,480	4,713	422	4,282	11.1	10.1
ER	HYPOTENSIVES,VASODILATORS	6,316	418	48	370	6.6	5.9
ER	IMMUNOMODULATORS	806	40	1	39	5.0	4.8
ER	IMMUNOSUPPRESSIVES	11,076	856	84	771	7.7	7.0
ER	INOTROPIC DRUGS	9	2	0	2	22.2	22.2
ER	INSULINS	103,254	10,655	1,088	9,567	10.3	9.3
ER	INTESTINAL ADSORBENTS AND PROTECTIVES	2	1	0	1	50.0	50.0
ER	INTESTINAL MOTILITY STIMULANTS	25,503	1,447	140	1,304	5.7	5.1
ER	IODINE CONTAINING AGENTS	31	2	0	2	6.5	6.5
ER	IRON REPLACEMENT	90,030	3,530	330	3,200	3.9	3.6
ER	IRRIGANTS	1,950	104	54	50	5.3	2.6
ER	IRRITABLE BOWEL SYND. AGENT,5HT-3 ANTAGONIST-TYPE	29	6	0	6	20.7	20.7
ER	IRRITABLE BOWEL SYND. AGENT,5HT-4 PARTIAL AGONIST	9,420	576	39	535	6.1	5.7
ER	IRRITANTS/COUNTER-IRRITANTS	2,102	52	1	51	2.5	2.4
ER	IV FAT EMULSIONS	45	4	0	4	8.9	8.9
ER	IV SOLUTIONS: DEXTROSE AND LACTATED RINGERS	0	1	0	1	0.0	0.0
ER	IV SOLUTIONS: DEXTROSE-SALINE	489	30	2	28	6.1	5.7
ER	IV SOLUTIONS: DEXTROSE-WATER	590	47	3	44	8.0	7.5
ER	KERATOLYTICS	4,398	105	8	97	2.4	2.2
ER	LAXATIVES AND CATHARTICS	301,643	12,684	1,379	11,295	4.2	3.7
ER	LAXATIVES, LOCAL/RECTAL	23,633	694	44	650	2.9	2.8
ER	LEUKOCYTE (WBC) STIMULANTS	477	39	3	36	8.2	7.5
ER	LEUKOTRIENE RECEPTOR ANTAGONISTS	37,860	2,183	85	2,098	5.8	5.5
ER	LHRH(GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS	97	7	0	7	7.2	7.2
ER	LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY	12	3	0	3	25.0	25.0
ER	LINCOSAMIDES	6,833	159	13	146	2.3	2.1
ER	LIPOTROPICS	210,941	11,204	559	10,633	5.3	5.0
ER	LOCAL ANESTHETICS	3,080	238	15	223	7.7	7.2
ER	LOOP DIURETICS	117,411	9,487	904	8,582	8.1	7.3
ER	MACROLIDES	49,213	784	40	744	1.6	1.5
ER	MAGNESIUM SALTS REPLACEMENT	5,950	255	24	231	4.3	3.9
ER	MAOIS - NON-SELECTIVE & IRREVERSIBLE	59	9	2	7	15.3	11.9
ER	MAST CELL STABILIZERS	1,350	39	1	38	2.9	2.8
ER	METABOLIC DEFICIENCY AGENTS	2,478	111	5	106	4.5	4.3
ER	METALLIC POISON,AGENTS TO TREAT	55	3	0	3	5.5	5.5
ER	MINERAL REPLACEMENT,MISCELLANEOUS	20	3	0	3	15.0	15.0
ER	MINERALOCORTICOIDS	1,963	141	17	124	7.2	6.3
ER	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	20,466	1,051	300	750	5.1	3.7
ER	MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E(IGE)	139	10	0	10	7.2	7.2
ER	MUCOLYTICS	1,913	112	11	101	5.9	5.3
ER	MULTIVITAMIN PREPARATIONS	235,893	6,197	779	5,418	2.6	2.3
ER	MYDRIATICS	773	49	3	46	6.3	6.0

ATTACHMENT 2.1.B. -- Continued -- ProDUR Activity Detail: by Therapeutic Class

EDS **ProDUR Report #:** DUR-0012-A

ATTACHMENT 2.1.B.2.-- Continued --EARLY REFILL ALERT (ER)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels / Total Rx
ER	NARCOTIC ANTAGONISTS	1,355	109	16	93	8.0	6.9
ER	NARCOTIC ANTITUSS-1ST GEN ANTIHIST-DECONGST-EXPECT	64	6	0	6	9.4	9.4
ER	NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	11,873	200	12	187	1.7	1.6
ER	NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT COMB	1,853	45	2	43	2.4	2.3
ER	NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE	12,529	629	31	595	5.0	4.7
ER	NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.	462	25	2	23	5.4	5.0
ER	NARCOTIC ANTITUSSIVE-DECONGESTANT COMBINATIONS	31	2	1	1	6.5	3.2
ER	NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION	17,218	409	21	387	2.4	2.2
ER	NASAL ANTIHISTAMINE	1,967	55	2	53	2.8	2.7
ER	NASAL ANTI-INFLAMMATORY STEROIDS	35,391	1,826	86	1,738	5.2	4.9
ER	NASAL MAST CELL STABILIZERS AGENTS	17	2	1	1	11.8	5.9
ER	NIACIN PREPARATIONS	2,447	123	27	96	5.0	3.9
ER	NITROFURAN DERIVATIVES	13,495	818	40	778	6.1	5.8
ER	NON-NARC ANTITUS-1ST GEN ANTIHIST-DECONGEST-EXPECT	410	5	0	5	1.2	1.2
ER	NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	12,508	180	7	173	1.4	1.4
ER	NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.	1,371	30	0	30	2.2	2.2
ER	NON-NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT CMB	476	22	1	21	4.6	4.4
ER	NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.	26,536	605	44	561	2.3	2.1
ER	NON-NARCOTIC ANTITUSSIVE-DECONGESTANT COMBINATIONS	93	6	0	6	6.5	6.5
ER	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	43,517	3,111	185	2,922	7.1	6.7
ER	NOSE PREPARATIONS, MISCELLANEOUS (OTC)	4,433	106	6	100	2.4	2.3
ER	NOSE PREPARATIONS, MISCELLANEOUS (RX)	863	54	1	53	6.3	6.1
ER	NSAID, COX INHIBITOR-TYPE & PROTON PUMP INHIB COMB	45	15	1	14	33.3	31.1
ER	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	136,864	5,965	352	5,600	4.4	4.1
ER	OPHTHALMIC ANTIBIOTICS	12,241	279	130	149	2.3	1.2
ER	OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	1,659	76	2	74	4.6	4.5
ER	OPHTHALMIC MAST CELL STABILIZERS	352	12	3	9	3.4	2.6
ER	ORAL ANTICOAGULANTS,COUMARIN TYPE	48,860	5,711	1,773	3,936	11.7	8.1
ER	OTIC PREPARATIONS,ANTI-INFLAMMATORY-ANTIBIOTICS	2,204	47	3	44	2.1	2.0
ER	OXAZOLIDINONES	882	25	0	25	2.8	2.8
ER	OXIDIZING AGENTS	17	2	0	2	11.8	11.8
ER	OXYTOCICS	46	4	0	4	8.7	8.7
ER	PANCREATIC ENZYMES	3,705	173	11	162	4.7	4.4
ER	PARASYMPATHETIC AGENTS	2,004	111	6	105	5.5	5.2
ER	PEDIATRIC VITAMIN PREPARATIONS	7,954	408	60	348	5.1	4.4
ER	PENICILLINS	85,298	1,569	94	1,475	1.8	1.7
ER	PERIODONTAL COLLAGENASE INHIBITORS	408	24	1	23	5.9	5.6
ER	PHARMACEUTICAL ADJUVANTS, TABLETING	49	6	3	3	12.2	6.1
ER	PHOSPHATE REPLACEMENT	429	16	0	16	3.7	3.7
ER	PITUITARY SUPPRESSIVE AGENTS	1,099	67	6	61	6.1	5.6
ER	PLASMA PROTEINS	6	2	0	2	33.3	33.3
ER	PLATELET AGGREGATION INHIBITORS	53,543	3,096	139	2,953	5.8	5.5
ER	PLATELET REDUCING AGENTS	85	10	1	9	11.8	10.6
ER	POTASSIUM REPLACEMENT	84,091	4,917	572	4,343	5.8	5.2
ER	POTASSIUM SPARING DIURETICS	20,829	1,376	126	1,250	6.6	6.0
ER	POTASSIUM SPARING DIURETICS IN COMBINATION	23,531	1,285	77	1,208	5.5	5.1
ER	PRENATAL VITAMIN PREPARATIONS	18,025	360	9	351	2.0	1.9
ER	PROGESTATIONAL AGENTS	4,372	230	22	208	5.3	4.8
ER	PROTEIN REPLACEMENT	2	1	0	1	50.0	50.0
ER	PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB	37	6	1	5	16.2	13.5
ER	PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST	80	7	0	7	8.8	8.8
ER	QUINOLONES	50,165	1,724	53	1,666	3.4	3.3
ER	RECTAL PREPARATIONS	2,341	79	7	70	3.4	3.0
ER	RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	228	18	3	15	7.9	6.6
ER	ROSACEA AGENTS, TOPICAL	1,107	35	3	32	3.2	2.9
ER	SEDATIVE-HYPNOTICS,NON-BARBITURATE	88,094	5,409	300	5,094	6.1	5.8
ER	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)	2,385	89	3	86	3.7	3.6
ER	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	252,371	18,327	1,410	16,882	7.3	6.7
ER	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	53,334	4,556	365	4,190	8.5	7.9
ER	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	64,069	4,398	364	4,013	6.9	6.3
ER	SKELETAL MUSCLE RELAXANTS	92,085	6,440	534	5,888	7.0	6.4
ER	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	10,798	375	14	361	3.5	3.3
ER	SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST	617	12	0	12	1.9	1.9
ER	SMOKING DETERRENTS, OTHER	236	15	0	15	6.4	6.4
ER	SODIUM/SALINE PREPARATIONS	6,005	974	37	937	16.2	15.6
ER	SOLVENTS	4,266	276	18	258	6.5	6.0
ER	SOMATOSTATIC AGENTS	247	29	2	27	11.7	10.9
ER	SSRI &ANTIPSYCH,ATYP,DOPAMINE&SEROTONIN ANTAG COMB	1,430	101	9	92	7.1	6.4
ER	STEROID ANTINEOPLASTICS	1,532	58	3	55	3.8	3.6
ER	SYMPATHOMIMETIC AGENTS	7,179	187	18	169	2.6	2.4
ER	SYSTEMIC ENZYME INHIBITORS	17	1	0	1	5.9	5.9
ER	TETRACYCLINES	18,588	739	49	690	4.0	3.7
ER	THIAZIDE AND RELATED DIURETICS	48,178	3,218	176	3,042	6.7	6.3
ER	THYROID HORMONES	102,321	6,413	466	5,931	6.3	5.8
ER	TOPICAL AGENTS,MISCELLANEOUS	45	4	0	4	8.9	8.9
ER	TOPICAL ANTIBIOTICS	44,838	999	112	887	2.2	2.0
ER	TOPICAL ANTIBIOTICS/ANTIINFLAMMATORY,STEROIDAL	36	1	0	1	2.8	2.8
ER	TOPICAL ANTIFUNGALS	40,237	1,563	145	1,418	3.9	3.5
ER	TOPICAL ANTI-INFLAMMATORY STEROIDAL	32,969	945	68	875	2.9	2.7
ER	TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGNTS	55	4	0	4	7.3	7.3
ER	TOPICAL ANTIPARASITICS	8,366	197	20	177	2.4	2.1
ER	TOPICAL ANTIVIRALS	2,088	74	10	64	3.5	3.1
ER	TOPICAL IMMUNOSUPPRESSIVE AGENTS	3,027	102	14	88	3.4	2.9
ER	TOPICAL LOCAL ANESTHETICS	10,571	604	62	542	5.7	5.1
ER	TOPICAL PREPARATIONS,ANTIBACTERIALS	333	30	0	30	9.0	9.0
ER	TOPICAL SULFONAMIDES	4,340	245	40	205	5.6	4.7
ER	TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES	17,605	740	64	676	4.2	3.8

ATTACHMENT 2.1.B. -- Continued -- ProDUR Activity Detail: by Therapeutic Class

EDS **ProDUR Report #:** DUR-0012-A

ATTACHMENT 2.1.B.2.-- Continued --EARLY REFILL ALERT (ER)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancella-tions & Non-Responses	% Alerts /Total Rx	% Cancels / Total Rx
ER	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS	312	19	3	16	6.1	5.1
ER	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS	868	50	1	49	5.8	5.6
ER	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	47,084	3,516	226	3,282	7.5	7.0
ER	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	55,261	3,040	265	2,772	5.5	5.0
ER	TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE	18,239	1,372	111	1,261	7.5	6.9
ER	URICOSURIC AGENTS	230	21	1	20	9.1	8.7
ER	URINARY PH MODIFIERS	1,473	80	5	75	5.4	5.1
ER	URINARY TRACT ANALGESIC AGENTS	383	22	0	22	5.7	5.7
ER	URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)	2,514	41	2	39	1.6	1.6
ER	URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.	1,978	149	11	138	7.5	7.0
ER	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	38,727	2,394	219	2,169	6.2	5.6
ER	VAGINAL ANTIBIOTICS	502	5	1	4	1.0	0.8
ER	VAGINAL ANTIFUNGALS	4,201	50	4	46	1.2	1.1
ER	VAGINAL ESTROGEN PREPARATIONS	1,783	84	4	80	4.7	4.5
ER	VANCOMYCIN AND DERIVATIVES	1,862	93	11	82	5.0	4.4
ER	VASODILATORS, COMBINATION	114	7	0	7	6.1	6.1
ER	VASODILATORS,CORONARY	49,852	2,434	178	2,256	4.9	4.5
ER	VASODILATORS,PERIPHERAL	114	6	0	6	5.3	5.3
ER	VEHICLES	15,478	686	67	619	4.4	4.0
ER	VIRAL/TUMORIGENIC VACCINES	14	1	0	1	7.1	7.1
ER	VITAMIN A DERIVATIVES	1,751	47	2	45	2.7	2.6
ER	VITAMIN B PREPARATIONS	29,015	1,076	70	1,006	3.7	3.5
ER	VITAMIN B1 PREPARATIONS	7,391	297	28	269	4.0	3.6
ER	VITAMIN B12 PREPARATIONS	18,056	892	40	852	4.9	4.7
ER	VITAMIN B2 PREPARATIONS	63	6	0	6	9.5	9.5
ER	VITAMIN B6 PREPARATIONS	4,728	164	17	147	3.5	3.1
ER	VITAMIN C PREPARATIONS	36,069	1,283	151	1,132	3.6	3.1
ER	VITAMIN D PREPARATIONS	3,347	191	14	177	5.7	5.3
ER	VITAMIN E PREPARATIONS	15,689	466	71	395	3.0	2.5
ER	VITAMIN K PREPARATIONS	884	34	2	32	3.8	3.6
ER	WATER	846	33	1	32	3.9	3.8
ER	XANTHINES	9,446	556	38	518	5.9	5.5
ER	ZINC REPLACEMENT	11,846	436	37	399	3.7	3.4
ER	**EARLY REFILL ALERT (ER) TOTAL**	**7,934,294**	**453,444**	**40,956**	**411,874**		

ATTACHMENT 2.1.B. -- Continued -- ProDUR Activity Detail: by Therapeutic Class

EDS **ProDUR Report #:** DUR-0012-A

ATTACHMENT 2.1.B.3. HIGH DOSE ALERT (HD)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels / Total Rx
HD	1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	7,522	173	158	15	2.3	0.2
HD	1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB	7,433	77	68	8	1.0	0.1
HD	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	9,868	17	7	10	0.2	0.1
HD	ADRENOCORTICOTROPHIC HORMONES	12	6	6	0	50.0	0.0
HD	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	20,560	124	109	15	0.6	0.1
HD	ALPHA-ADRENERGIC BLOCKING AGENTS	4,430	5	5	0	0.1	0.0
HD	AMINOGLYCOSIDES	2,024	41	36	5	2.0	0.2
HD	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	6,866	12	9	3	0.2	0.0
HD	ANALGESIC/ANTIPYRETICS,NON-SALICYLATE	152,802	555	447	108	0.4	0.1
HD	ANALGESICS,NARCOTICS	537,456	5,136	4,394	740	1.0	0.1
HD	ANTACIDS	32,480	311	281	30	1.0	0.1
HD	ANTI-ANXIETY DRUGS	336,493	3,734	3,148	585	1.1	0.2
HD	ANTIARRHYTHMICS	3,907	13	9	4	0.3	0.1
HD	ANTICHOLINERGICS,QUATERNARY AMMONIUM	3,285	224	198	26	6.8	0.8
HD	ANTICHOLINERGICS/ANTISPASMODICS	4,754	10	10	0	0.2	0.0
HD	ANTICOAGULANTS,COUMARIN TYPE	2,388	22	16	6	0.9	0.3
HD	ANTICONVULSANTS	443,438	1,881	1,548	331	0.4	0.1
HD	ANTIDIARRHEALS	16,959	112	95	17	0.7	0.1
HD	ANTIDIURETIC AND VASOPRESSOR HORMONES	7,229	85	69	16	1.2	0.2
HD	ANTIEMETIC/ANTIVERTIGO AGENTS	29,576	304	214	89	1.0	0.3
HD	ANTIFLATULENTS	3,983	468	405	62	11.7	1.6
HD	ANTIFUNGAL AGENTS	19,320	58	47	11	0.3	0.1
HD	ANTIFUNGAL ANTIBIOTICS	6,794	215	195	20	3.2	0.3
HD	ANTIGENIC SKIN TESTS	107	66	55	11	61.7	10.3
HD	ANTIHISTAMINES - 1ST GENERATION	78,368	427	369	58	0.5	0.1
HD	ANTIHISTAMINES - 2ND GENERATION	140,366	425	279	146	0.3	0.1
HD	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	2,344	90	81	9	3.8	0.4
HD	ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE	510	37	20	17	7.3	3.3
HD	ANTIHYPERLIP(HMGCOA) & CALCIUM CHANNEL BLOCKER CMB	438	1	1	0	0.2	0.0
HD	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	2,388	49	39	10	2.1	0.4
HD	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR	196	1	1	0	0.5	0.0
HD	ANTIMALARIAL DRUGS	8,784	10	9	1	0.1	0.0
HD	ANTI-MANIA DRUGS	13,439	17	13	4	0.1	0.0
HD	ANTIMETABOLITES	4,606	19	18	1	0.4	0.0
HD	ANTIMIGRAINE PREPARATIONS	11,109	127	113	14	1.1	0.1
HD	ANTI-MYCOBACTERIUM AGENTS	140	2	2	0	1.4	0.0
HD	ANTINEOPLASTICS,MISCELLANEOUS	1,565	6	5	1	0.4	0.1
HD	ANTINFLAMMATORY, SEL.COSTIM.MOD.,T-CELL INHIBITOR	5	1	0	1	20.0	20.0
HD	ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC	27,328	41	32	9	0.2	0.0
HD	ANTIPARKINSONISM DRUGS,OTHER	22,011	99	82	17	0.4	0.1
HD	ANTIPROTOZOAL DRUGS,MISCELLANEOUS	41	3	2	1	7.3	2.4
HD	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	41,256	56	44	12	0.1	0.0
HD	ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS	261	1	0	1	0.4	0.4
HD	ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG	263,146	1,577	1,337	237	0.6	0.1
HD	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES	1,925	17	14	3	0.9	0.2
HD	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES	3,956	2	2	0	0.1	0.0
HD	ANTI-PSYCHOTICS,PHENOTHIAZINES	15,031	200	170	30	1.3	0.2
HD	ANTISERA	79	2	1	1	2.5	1.3

ATTACHMENT 2.1.B. -- Continued -- ProDUR Activity Detail: by Therapeutic Class

EDS **ProDUR Report #:** DUR-0012-A

ATTACHMENT 2.1.B.3. -- Continued -- HIGH DOSE ALERT (HD)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancella-tions & Non-Responses	% Alerts /Total Rx	% Cancels / Total Rx
HD	1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	7,522	173	158	15	2.3	0.2
HD	1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB	7,433	77	68	8	1.0	0.1
HD	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	9,868	17	7	10	0.2	0.1
HD	ADRENOCORTICOTROPHIC HORMONES	12	6	6	0	50.0	0.0
HD	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	20,560	124	109	15	0.6	0.1
HD	ALPHA-ADRENERGIC BLOCKING AGENTS	4,430	5	5	0	0.1	0.0
HD	AMINOGLYCOSIDES	2,024	41	36	5	2.0	0.2
HD	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	6,866	12	9	3	0.2	0.0
HD	ANALGESIC/ANTIPYRETICS,NON-SALICYLATE	152,802	555	447	108	0.4	0.1
HD	ANALGESICS,NARCOTICS	537,456	5,136	4,394	740	1.0	0.1
HD	ANTACIDS	32,480	311	281	30	1.0	0.1
HD	ANTI-ANXIETY DRUGS	336,493	3,734	3,148	585	1.1	0.2
HD	ANTIARRHYTHMICS	3,907	13	9	4	0.3	0.1
HD	ANTICHOLINERGICS,QUATERNARY AMMONIUM	3,285	224	198	26	6.8	0.8
HD	ANTICHOLINERGICS/ANTISPASMODICS	4,754	10	10	0	0.2	0.0
HD	ANTICOAGULANTS,COUMARIN TYPE	2,388	22	16	6	0.9	0.3
HD	ANTICONVULSANTS	443,438	1,881	1,548	331	0.4	0.1
HD	ANTIDIARRHEALS	16,959	112	95	17	0.7	0.1
HD	ANTIDIURETIC AND VASOPRESSOR HORMONES	7,229	85	69	16	1.2	0.2
HD	ANTIEMETIC/ANTIVERTIGO AGENTS	29,576	304	214	89	1.0	0.3
HD	ANTIFLATULENTS	3,983	468	405	62	11.7	1.6
HD	ANTIFUNGAL AGENTS	19,320	58	47	11	0.3	0.1
HD	ANTIFUNGAL ANTIBIOTICS	6,794	215	195	20	3.2	0.3
HD	ANTIGENIC SKIN TESTS	107	66	55	11	61.7	10.3
HD	ANTIHISTAMINES - 1ST GENERATION	78,368	427	369	58	0.5	0.1
HD	ANTIHISTAMINES - 2ND GENERATION	140,366	425	279	146	0.3	0.1
HD	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	2,344	90	81	9	3.8	0.4
HD	ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE	510	37	20	17	7.3	3.3
HD	ANTIHYPERLIP(HMGCOA) & CALCIUM CHANNEL BLOCKER CMB	438	1	1	0	0.2	0.0
HD	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	2,388	49	39	10	2.1	0.4
HD	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR	196	1	1	0	0.5	0.0
HD	ANTIMALARIAL DRUGS	8,784	10	9	1	0.1	0.0
HD	ANTI-MANIA DRUGS	13,439	17	13	4	0.1	0.0
HD	ANTIMETABOLITES	4,606	19	18	1	0.4	0.0
HD	ANTIMIGRAINE PREPARATIONS	11,109	127	113	14	1.1	0.1
HD	ANTI-MYCOBACTERIUM AGENTS	140	2	2	0	1.4	0.0
HD	ANTINEOPLASTICS,MISCELLANEOUS	1,565	6	5	1	0.4	0.1
HD	ANTINFLAMMATORY, SEL.COSTIM.MOD.,T-CELL INHIBITOR	5	1	0	1	20.0	20.0
HD	ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC	27,328	41	32	9	0.2	0.0
HD	ANTIPARKINSONISM DRUGS,OTHER	22,011	99	82	17	0.4	0.1
HD	ANTIPROTOZOAL DRUGS,MISCELLANEOUS	41	3	2	1	7.3	2.4
HD	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	41,256	56	44	12	0.1	0.0
HD	ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS	261	1	0	1	0.4	0.4
HD	ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG	263,146	1,577	1,337	237	0.6	0.1
HD	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES	1,925	17	14	3	0.9	0.2
HD	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES	3,956	2	2	0	0.1	0.0
HD	ANTI-PSYCHOTICS,PHENOTHIAZINES	15,031	200	170	30	1.3	0.2
HD	ANTISERA	79	2	1	1	2.5	1.3
HD	ANTITUBERCULAR ANTIBIOTICS	119	2	2	0	1.7	0.0
HD	ANTITUSSIVES,NON-NARCOTIC	10,089	70	65	5	0.7	0.0
HD	ANTI-ULCER PREPARATIONS	2,354	15	11	4	0.6	0.2
HD	ANTI-ULCER-H.PYLORI AGENTS	75	4	4	0	5.3	0.0
HD	ANTIVIRAL MONOCLONAL ANTIBODIES	133	1	1	0	0.8	0.0
HD	ANTIVIRALS, GENERAL	3,718	9	5	4	0.2	0.1
HD	ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB	129	1	1	0	0.8	0.0
HD	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	895	4	3	1	0.4	0.1
HD	ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI	2,851	75	67	8	2.6	0.3
HD	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB	1,216	13	10	3	1.1	0.2
HD	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	1,595	8	8	0	0.5	0.0
HD	APPETITE STIM. FOR ANOREXIA,CACHEXIA,WASTING SYND.	1,777	14	13	1	0.8	0.1
HD	APPETITE STIMULANTS	1,096	16	11	5	1.5	0.5
HD	ARTIFICIAL TEARS	30,636	416	354	62	1.4	0.2
HD	BARBITURATES	21,631	21	16	5	0.1	0.0
HD	BELLADONNA ALKALOIDS	1,759	2	1	1	0.1	0.1
HD	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	9,081	13	7	6	0.1	0.1
HD	BETA-ADRENERGIC AGENTS	143,890	3,854	3,333	516	2.7	0.4
HD	BETA-ADRENERGIC BLOCKING AGENTS	146,773	96	69	27	0.1	0.0
HD	BETA-ADRENERGICS AND GLUCOCORTICOIDS COMBINATION	31,899	156	118	37	0.5	0.1
HD	BETALACTAMS	3	2	1	1	66.7	33.3

ATTACHMENT 2.1.B. -- Continued -- ProDUR Activity Detail: by Therapeutic Class

EDS **ProDUR Report #:** DUR-0012-A

-- Continued -- ATTACHMENT 2.1.B.3. -- Continued -- HIGH DOSE ALERT (HD)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancella-tions & Non-Responses	% Alerts /Total Rx	% Cancels / Total Rx
HD	BILE SALT SEQUESTRANTS	1,480	7	7	0	0.5	0.0
HD	BILE SALTS	564	9	9	0	1.6	0.0
HD	BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE	197	26	23	3	13.2	1.5
HD	BONE RESORPTION INHIBITOR & VITAMIN D COMBINATIONS	767	19	15	4	2.5	0.5
HD	BONE RESORPTION INHIBITORS	41,145	1,034	786	248	2.5	0.6
HD	CALCIMIMETIC,PARATHYROID CALCIUM ENHANCER	550	1	1	0	0.2	0.0
HD	CALCIUM CHANNEL BLOCKING AGENTS	103,388	141	100	40	0.1	0.0
HD	CALCIUM REPLACEMENT	145,860	167	137	30	0.1	0.0
HD	CARBAPENEMS (THIENAMYCINS)	279	17	16	1	6.1	0.4
HD	CARBONIC ANHYDRASE INHIBITORS	1,239	9	5	4	0.7	0.3
HD	CENTRAL NERVOUS SYSTEM STIMULANTS	91	6	6	0	6.6	0.0
HD	CEPHALOSPORINS - 1ST GENERATION	35,943	41	37	4	0.1	0.0
HD	CEPHALOSPORINS - 2ND GENERATION	5,620	28	27	1	0.5	0.0
HD	CEPHALOSPORINS - 3RD GENERATION	13,000	352	318	34	2.7	0.3
HD	CEPHALOSPORINS - 4TH GENERATION	73	11	10	1	15.1	1.4
HD	CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.	372	5	5	0	1.3	0.0
HD	CHOLINESTERASE INHIBITORS	24,920	38	25	13	0.2	0.1
HD	COLCHICINE	2,923	54	42	12	1.8	0.4
HD	CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	468	13	11	2	2.8	0.4
HD	CONTRACEPTIVES,INJECTABLE	3,225	30	22	8	0.9	0.2
HD	CONTRACEPTIVES,ORAL	24,725	195	150	45	0.8	0.2
HD	CONTRACEPTIVES,TRANSDERMAL	3,787	49	33	16	1.3	0.4
HD	DECONGESTANT-EXPECTORANT COMBINATIONS	11,150	27	24	3	0.2	0.0
HD	DENTAL AIDS AND PREPARATIONS	7,147	325	301	24	4.5	0.3
HD	DIGITALIS GLYCOSIDES	15,003	10	9	1	0.1	0.0
HD	DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT	1,776	11	11	0	0.6	0.0
HD	EAR PREPARATIONS, MISC. ANTI-INFECTIVES	798	73	69	4	9.1	0.5
HD	EAR PREPARATIONS,ANTIBIOTICS	5,705	747	693	54	13.1	0.9
HD	EAR PREPARATIONS,EAR WAX REMOVERS	455	9	8	1	2.0	0.2
HD	EAR PREPARATIONS,LOCAL ANESTHETICS	1,704	27	25	2	1.6	0.1
HD	ELECTROLYTE DEPLETERS	7,238	49	45	4	0.7	0.1
HD	ELECTROLYTE MAINTENANCE	122	5	4	1	4.1	0.8
HD	ESTROGENIC AGENTS	31,231	113	98	15	0.4	0.0
HD	EXPECTORANTS	15,579	24	16	8	0.2	0.1
HD	EYE ANTIBIOTIC-CORTICOID COMBINATIONS	1,173	28	24	4	2.4	0.3
HD	EYE ANTIHISTAMINES	4,179	391	336	55	9.4	1.3
HD	EYE ANTIINFLAMMATORY AGENTS	4,984	455	413	41	9.1	0.8
HD	EYE ANTIVIRALS	78	14	13	1	17.9	1.3
HD	EYE LOCAL ANESTHETICS	7	7	3	4	100.0	57.1
HD	EYE SULFONAMIDES	2,413	482	450	32	20.0	1.3
HD	EYE VASOCONSTRICTORS (OTC ONLY)	190	17	17	0	8.9	0.0
HD	EYE VASOCONSTRICTORS (RX ONLY)	49	18	18	0	36.7	0.0
HD	FLUORIDE PREPARATIONS	2,362	45	43	2	1.9	0.1
HD	FOLIC ACID PREPARATIONS	38,438	61	49	12	0.2	0.0
HD	GASTRIC ACID SECRETION REDUCERS	291,881	709	521	187	0.2	0.1
HD	GENERAL ANESTHETICS,INJECTABLE	52	6	6	0	11.5	0.0
HD	GENERAL BRONCHODILATOR AGENTS	31,668	1,268	1,132	130	4.0	0.4
HD	GLUCOCORTICOIDS	80,319	886	797	89	1.1	0.1
HD	GRAM POSITIVE COCCI VACCINES	2,455	8	7	1	0.3	0.0
HD	HEMATINICS,OTHER	6,142	331	271	60	5.4	1.0
HD	HEMORRHEOLOGIC AGENTS	1,705	6	2	4	0.4	0.2
HD	HEPARIN AND RELATED PREPARATIONS	12,446	2,015	1,639	375	16.2	3.0
HD	HEPATITIS C TREATMENT AGENTS	2,528	77	59	18	3.0	0.7
HD	HYPERGLYCEMICS	3,856	1,040	897	142	27.0	3.7
HD	HYPERURICEMIA TX - PURINE INHIBITORS	2,231	4	4	0	0.2	0.0
HD	HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS	1,059	11	9	2	1.0	0.2
HD	HYPOGLY, INSULIN-RESPONSE & INSULIN RELEASE COMB.	42	1	1	0	2.4	0.0
HD	HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIB TYPE (N-S)	518	7	6	1	1.4	0.2
HD	HYPOGLYCEMICS, BIGUANIDE TYPE (NON-SULFONYLUREAS)	62,156	91	68	23	0.1	0.0
HD	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	64,959	62	50	12	0.1	0.0
HD	HYPOGLYCEMICS, INSULIN-RESPONSE ENHANCER (N-S)	41,354	60	51	9	0.1	0.0
HD	HYPOTENSIVES, ACE INHIBITORS	161,539	117	85	32	0.1	0.0
HD	HYPOTENSIVES,ANGIOTENSIN RECEPTOR ANTAGONIST	40,941	57	45	12	0.1	0.0
HD	HYPOTENSIVES,MISCELLANEOUS	2,238	3	3	0	0.1	0.0
HD	HYPOTENSIVES,SYMPATHOLYTIC	42,480	195	141	54	0.5	0.1
HD	IMMUNOMODULATORS	633	43	35	8	6.8	1.3
HD	IMMUNOSUPPRESSIVES	4,909	8	8	0	0.2	0.0
HD	INSULINS	103,254	585	491	93	0.6	0.1
HD	INTESTINAL MOTILITY STIMULANTS	25,503	89	68	19	0.3	0.1
HD	IODINE CONTAINING AGENTS	70	3	3	0	4.3	0.0
HD	IRON REPLACEMENT	90,030	231	191	40	0.3	0.0
HD	IRRITABLE BOWEL SYND. AGENT,5HT-4 PARTIAL AGONIST	6,968	32	25	7	0.5	0.1
HD	LAXATIVES AND CATHARTICS	301,643	4,487	3,867	615	1.5	0.2
HD	LAXATIVES, LOCAL/RECTAL	23,633	853	735	118	3.6	0.5
HD	LEUKOCYTE (WBC) STIMULANTS	124	2	0	2	1.6	1.6
HD	LEUKOTRIENE RECEPTOR ANTAGONISTS	32,880	47	29	18	0.1	0.1
HD	LINCOSAMIDES	5,223	25	20	5	0.5	0.1
HD	LIPOTROPICS	210,941	105	87	18	0.0	0.0

ATTACHMENT 2.1.B. -- Continued -- ProDUR Activity Detail: by Therapeutic Class

EDS **ProDUR Report #:** DUR-0012-A

-- Continued -- ATTACHMENT 2.1.B.3. -- Continued -- HIGH DOSE ALERT (HD)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancella-tions & Non-Responses	% Alerts /Total Rx	% Cancels / Total Rx
HD	LOCAL ANESTHETICS	2,172	35	28	7	1.6	0.3
HD	LOOP DIURETICS	81,684	17	16	1	0.0	0.0
HD	MACROLIDES	49,213	121	112	9	0.2	0.0
HD	MAGNESIUM SALTS REPLACEMENT	5,423	26	20	6	0.5	0.1
HD	MAST CELL STABILIZERS	979	17	10	7	1.7	0.7
HD	METABOLIC DEFICIENCY AGENTS	2,064	12	12	0	0.6	0.0
HD	MINERALOCORTICOIDS	1,881	40	37	3	2.1	0.2
HD	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	20,466	3,748	3,271	476	18.3	2.3
HD	MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E(IGE)	73	2	1	1	2.7	1.4
HD	MUCOLYTICS	1,699	33	30	3	1.9	0.2
HD	MULTIVITAMIN PREPARATIONS	235,893	436	351	85	0.2	0.0
HD	MYDRIATICS	962	281	219	62	29.2	6.4
HD	NARCOTIC ANTAGONISTS	1,355	43	37	6	3.2	0.4
HD	NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	11,873	136	123	13	1.1	0.1
HD	NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT COMB	1,529	12	11	1	0.8	0.1
HD	NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE	12,529	360	312	48	2.9	0.4
HD	NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.	411	10	8	2	2.4	0.5
HD	NARCOTIC ANTITUSSIVE-DECONGESTANT COMBINATIONS	45	3	3	0	6.7	0.0
HD	NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION	17,218	229	199	30	1.3	0.2
HD	NASAL ANTIHISTAMINE	2,103	172	151	21	8.2	1.0
HD	NASAL ANTI-INFLAMMATORY STEROIDS	35,391	3,803	3,303	500	10.7	1.4
HD	NASAL MAST CELL STABILIZERS AGENTS	54	9	7	2	16.7	3.7
HD	NEUROMUSCULAR BLOCKING AGENTS	12	3	3	0	25.0	0.0
HD	NITROFURAN DERIVATIVES	10,189	22	18	4	0.2	0.0
HD	NON-NARC ANTITUS-1ST GEN ANTIHIST-DECONGEST-EXPECT	964	98	92	6	10.2	0.6
HD	NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	12,508	652	602	50	5.2	0.4
HD	NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.	1,289	23	20	3	1.8	0.2
HD	NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.	26,536	144	122	21	0.5	0.1
HD	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	41,473	71	56	15	0.2	0.0
HD	NOSE PREPARATIONS, MISCELLANEOUS (OTC)	486	1	1	0	0.2	0.0
HD	NOSE PREPARATIONS, MISCELLANEOUS (RX)	857	97	87	10	11.3	1.2
HD	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	136,864	390	318	72	0.3	0.1
HD	OPHTHALMIC ANTIBIOTICS	12,241	1,081	989	92	8.8	0.8
HD	OPHTHALMIC MAST CELL STABILIZERS	202	3	3	0	1.5	0.0
HD	OPHTHALMIC PREPARATIONS, MISCELLANEOUS	5	5	5	0	100.0	0.0
HD	ORAL ANTICOAGULANTS,COUMARIN TYPE	48,860	143	132	11	0.3	0.0
HD	OTIC PREPARATIONS,ANTI-INFLAMMATORY-ANTIBIOTICS	1,627	110	97	13	6.8	0.8
HD	OXAZOLIDINONES	292	9	3	6	3.1	2.1
HD	PANCREATIC ENZYMES	3,705	88	73	15	2.4	0.4
HD	PARASYMPATHETIC AGENTS	921	5	4	1	0.5	0.1
HD	PEDIATRIC VITAMIN PREPARATIONS	7,954	149	104	45	1.9	0.6
HD	PENICILLINS	85,298	454	409	45	0.5	0.1
HD	PERIODONTAL COLLAGENASE INHIBITORS	64	2	2	0	3.1	0.0
HD	PHOSPHATE REPLACEMENT	186	3	2	1	1.6	0.5
HD	PITUITARY SUPPRESSIVE AGENTS	931	22	17	5	2.4	0.5
HD	PLATELET AGGREGATION INHIBITORS	53,543	67	54	13	0.1	0.0
HD	POLYMYXIN AND DERIVATIVES	16	4	4	0	25.0	0.0
HD	POTASSIUM REPLACEMENT	84,091	339	276	59	0.4	0.1
HD	POTASSIUM SPARING DIURETICS	10,543	11	8	3	0.1	0.0
HD	POTASSIUM SPARING DIURETICS IN COMBINATION	16,240	21	6	15	0.1	0.1
HD	PRENATAL VITAMIN PREPARATIONS	18,025	109	99	10	0.6	0.1
HD	PROGESTATIONAL AGENTS	3,893	96	90	6	2.5	0.2
HD	PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE	4	1	0	1	25.0	25.0
HD	QUINOLONES	50,165	123	103	20	0.2	0.0
HD	RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	164	11	6	5	6.7	3.0
HD	SEDATIVE-HYPNOTICS,NON-BARBITURATE	88,094	958	807	151	1.1	0.2
HD	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)	1,366	9	6	3	0.7	0.2
HD	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	252,371	778	631	147	0.3	0.1
HD	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	46,714	37	32	5	0.1	0.0
HD	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	64,069	504	430	74	0.8	0.1
HD	SKELETAL MUSCLE RELAXANTS	92,085	361	301	59	0.4	0.1
HD	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	10,798	90	80	10	0.8	0.1
HD	SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONIST	265	2	2	0	0.8	0.0
HD	SMOKING DETERRENTS, OTHER	34	1	1	0	2.9	0.0

ATTACHMENT 2.1.B. -- Continued -- ProDUR Activity Detail: by Therapeutic Class

EDS **ProDUR Report #:** DUR-0012-A

-- Continued -- ATTACHMENT 2.1.B.3. -- Continued -- HIGH DOSE ALERT (HD)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels / Total Rx
HD	SODIUM/SALINE PREPARATIONS	834	3	3	0	0.4	0.0
HD	SOMATOSTATIC AGENTS	179	6	5	1	3.4	0.6
HD	SSRI &ANTIPSYCH,ATYP,DOPAMINE&SEROTONIN ANTAG COMB	1,192	21	16	5	1.8	0.4
HD	SYMPATHOMIMETIC AGENTS	6,728	47	43	4	0.7	0.1
HD	TETRACYCLINES	15,723	19	15	4	0.1	0.0
HD	THIAZIDE AND RELATED DIURETICS	40,611	27	20	6	0.1	0.0
HD	THROMBOLYTIC ENZYMES	118	58	54	4	49.2	3.4
HD	THYROID HORMONES	102,321	202	159	41	0.2	0.0
HD	TOPICAL ANTIPARASITICS	2,702	6	5	1	0.2	0.0
HD	TOPICAL LOCAL ANESTHETICS	10,571	284	242	42	2.7	0.4
HD	TOPICAL SULFONAMIDES	2,371	5	5	0	0.2	0.0
HD	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS	79	1	1	0	1.3	0.0
HD	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS	66	3	3	0	4.5	0.0
HD	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	47,084	156	138	18	0.3	0.0
HD	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	55,261	370	327	43	0.7	0.1
HD	TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE	18,239	61	49	12	0.3	0.1
HD	URINARY PH MODIFIERS	620	9	9	0	1.5	0.0
HD	URINARY TRACT ANALGESIC AGENTS	116	4	4	0	3.4	0.0
HD	URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)	2,164	10	10	0	0.5	0.0
HD	URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.	248	3	1	2	1.2	0.8
HD	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	36,674	87	69	18	0.2	0.0
HD	VAGINAL ANTIBIOTICS	898	31	29	2	3.5	0.2
HD	VAGINAL ANTIFUNGALS	4,201	204	174	30	4.9	0.7
HD	VAGINAL ESTROGEN PREPARATIONS	1,437	78	67	11	5.4	0.8
HD	VAGINAL SULFONAMIDES	1	1	1	0	100.0	0.0
HD	VAGINAL/CERVICAL CARE AND TREATMENT AGENTS	0	1	1	0	0.0	0.0
HD	VANCOMYCIN AND DERIVATIVES	591	7	5	2	1.2	0.3
HD	VASODILATORS,CORONARY	49,852	848	710	138	1.7	0.3
HD	VEHICLES	9,194	16	11	5	0.2	0.1
HD	VITAMIN B PREPARATIONS	29,015	90	72	18	0.3	0.1
HD	VITAMIN B1 PREPARATIONS	6,904	225	196	29	3.3	0.4
HD	VITAMIN B12 PREPARATIONS	18,056	2,160	1,795	365	12.0	2.0
HD	VITAMIN B6 PREPARATIONS	4,728	73	49	24	1.5	0.5
HD	VITAMIN C PREPARATIONS	29,733	21	13	8	0.1	0.0
HD	VITAMIN D PREPARATIONS	715	4	4	0	0.6	0.0
HD	VITAMIN E PREPARATIONS	2,817	2	2	0	0.1	0.0
HD	VITAMIN K PREPARATIONS	321	3	3	0	0.9	0.0
HD	XANTHINES	4,324	4	1	3	0.1	0.1
HD	ZINC REPLACEMENT	11,104	40	38	2	0.4	0.0
HD	**HIGH DOSE ALERT (HD) TOTAL**	**7,415,919**	**63,338**	**53,752**	**9,539**		

ATTACHMENT 2.1.B. -- Continued -- ProDUR Activity Detail: by Therapeutic Class

EDS **ProDUR Report #:** DUR-0012-A

ATTACHMENT 2.1.B.4. LOW DOSE ALERT (LD)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancella-tions & Non-Responses	% Alerts /Total Rx	% Cancels /Total Rx
LD	1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	2,141	5	0	5	0.2	0.2
LD	2ND GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	1,218	31	0	31	2.5	2.5
LD	ADRENERGIC VASOPRESSOR AGENTS	331	9	0	9	2.7	2.7
LD	AGENTS TO TREAT MULTIPLE SCLEROSIS	1,158	33	2	31	2.8	2.7
LD	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	11,561	645	287	352	5.6	3.0
LD	ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS	5,641	2	2	0	0.0	0.0
LD	AMMONIA INHIBITORS	1,417	11	2	9	0.8	0.6
LD	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	2,774	61	4	55	2.2	2.0
LD	ANALGESIC/ANTIPYRETICS,NON-SALICYLATE	23,897	98	42	56	0.4	0.2
LD	ANALGESICS,NARCOTICS	153,424	7,662	5,896	1,748	5.0	1.1
LD	ANDROGENIC AGENTS	648	8	2	6	1.2	0.9
LD	ANTI-ALCOHOLIC PREPARATIONS	435	2	0	2	0.5	0.5
LD	ANTIANDROGENIC AGENTS	157	5	2	3	3.2	1.9
LD	ANTI-ANXIETY DRUGS	60,186	862	56	796	1.4	1.3
LD	ANTIARRHYTHMICS	3,535	276	42	234	7.8	6.6
LD	ANTICHOLINERGICS/ANTISPASMODICS	2,271	6	0	6	0.3	0.3
LD	ANTICONVULSANTS	113,643	5,295	558	4,666	4.7	4.1
LD	ANTIDIARRHEALS	5,033	20	0	20	0.4	0.4
LD	ANTIDIURETIC AND VASOPRESSOR HORMONES	1,791	34	6	28	1.9	1.6
LD	ANTIEMETIC/ANTIVERTIGO AGENTS	8,876	129	8	121	1.5	1.4
LD	ANTIFUNGAL AGENTS	5,167	142	10	130	2.7	2.5
LD	ANTIFUNGAL ANTIBIOTICS	1,768	92	10	78	5.2	4.4
LD	ANTIHISTAMINES - 1ST GENERATION	19,764	197	8	188	1.0	1.0
LD	ANTIHISTAMINES - 2ND GENERATION	28,182	1,401	75	1,322	5.0	4.7
LD	ANTIHYPERLIP(HMGCOA) & CALCIUM CHANNEL BLOCKER CMB	1,027	35	0	33	3.4	3.2
LD	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	747	35	4	31	4.7	4.1
LD	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR	326	11	2	9	3.4	2.8
LD	ANTILEPROTICS	191	8	2	6	4.2	3.1
LD	ANTIMALARIAL DRUGS	5,154	126	8	118	2.4	2.3
LD	ANTI-MANIA DRUGS	5,037	296	23	271	5.9	5.4
LD	ANTIMETABOLITES	1,730	40	0	38	2.3	2.2
LD	ANTIMIGRAINE PREPARATIONS	2,840	136	84	52	4.8	1.8
LD	ANTI-MYCOBACTERIUM AGENTS	235	18	10	8	7.7	3.4
LD	ANTI-NARCOLEPSY & ANTI-CATAPLEXY,SEDATIVE-TYPE AGT	19	4	0	4	21.1	21.1
LD	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	136	8	0	8	5.9	5.9
LD	ANTINEOPLASTICS,MISCELLANEOUS	1,139	74	4	68	6.5	6.0
LD	ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC	9,075	246	10	232	2.7	2.6
LD	ANTIPARKINSONISM DRUGS,OTHER	9,436	434	53	377	4.6	4.0
LD	ANTIPROTOZOAL DRUGS,MISCELLANEOUS	39	2	0	2	5.1	5.1
LD	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	9,747	437	30	403	4.5	4.1
LD	ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS	399	28	2	26	7.0	6.5
LD	ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG	80,025	4,471	438	3,980	5.6	5.0
LD	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES	675	46	4	42	6.8	6.2
LD	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES	3,956	134	22	112	3.4	2.8
LD	ANTIPSYCHOTICS,DOPAMINE ANTAGONST,DIHYDROINDOLONES	90	2	2	0	2.2	0.0
LD	ANTI-PSYCHOTICS,PHENOTHIAZINES	4,637	410	248	162	8.8	3.5
LD	ANTISEBORRHEIC AGENTS	1,119	2	0	2	0.2	0.2
LD	ANTITHYROID PREPARATIONS	478	18	0	18	3.8	3.8
LD	ANTITUBERCULAR ANTIBIOTICS	163	4	0	4	2.5	2.5
LD	ANTI-ULCER PREPARATIONS	1,500	63	6	53	4.2	3.5
LD	ANTIVIRAL MONOCLONAL ANTIBODIES	168	4	0	4	2.4	2.4
LD	ANTIVIRALS, GENERAL	2,221	48	6	40	2.2	1.8
LD	ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG	422	6	2	4	1.4	0.9
LD	ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB	548	51	2	49	9.3	8.9
LD	ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS	40	4	2	2	10.0	5.0
LD	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	650	26	4	22	4.0	3.4
LD	ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI	855	67	2	63	7.8	7.4
LD	ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI	268	17	0	17	6.3	6.3
LD	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB	396	17	0	17	4.3	4.3
LD	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	783	40	2	38	5.1	4.9
LD	APPETITE STIMULANTS	1,096	4	0	4	0.4	0.4
LD	BARBITURATES	4,415	81	4	75	1.8	1.7
LD	BELLADONNA ALKALOIDS	2,149	11	0	11	0.5	0.5
LD	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	5,839	236	16	218	4.0	3.7
LD	BETA-ADRENERGIC AGENTS	41,650	864	42	790	2.1	1.9
LD	BETA-ADRENERGIC BLOCKING AGENTS	53,213	2,705	1,008	1,679	5.1	3.2
LD	BETA-ADRENERGICS AND GLUCOCORTICOIDS COMBINATION	9,861	545	25	514	5.5	5.2
LD	BILE SALT SEQUESTRANTS	1,042	16	2	14	1.5	1.3

ATTACHMENT 2.1.B. -- Continued -- ProDUR Activity Detail: by Therapeutic Class

EDS **ProDUR Report #:** DUR-0012-A

-- Continued -- ATTACHMENT 2.1.B.4. LOW DOSE ALERT (LD)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancella-tions & Non-Responses	% Alerts /Total Rx	% Cancels /Total Rx
LD	BONE RESORPTION INHIBITOR & VITAMIN D COMBINATIONS	299	3	0	3	1.0	1.0
LD	BONE RESORPTION INHIBITORS	19,738	734	42	676	3.7	3.4
LD	CALCIMIMETIC,PARATHYROID CALCIUM ENHANCER	901	12	0	10	1.3	1.1
LD	CALCIUM CHANNEL BLOCKING AGENTS	42,082	3,174	1,394	1,761	7.5	4.2
LD	CALCIUM REPLACEMENT	22,291	540	38	496	2.4	2.2
LD	CARBAPENEMS (THIENAMYCINS)	140	6	2	4	4.3	2.9
LD	CARBONIC ANHYDRASE INHIBITORS	614	21	12	9	3.4	1.5
LD	CEPHALOSPORINS - 1ST GENERATION	11,155	653	308	343	5.9	3.1
LD	CEPHALOSPORINS - 2ND GENERATION	2,271	72	27	45	3.2	2.0
LD	CEPHALOSPORINS - 3RD GENERATION	3,886	44	19	19	1.1	0.5
LD	CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.	490	9	0	9	1.8	1.8
LD	CHOLINESTERASE INHIBITORS	16,031	493	29	456	3.1	2.8
LD	CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT,RECTAL TX	65	4	0	4	6.2	6.2
LD	COLCHICINE	1,099	20	2	18	1.8	1.6
LD	CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	115	6	0	6	5.2	5.2
LD	CONTRACEPTIVES,ORAL	5,495	392	18	374	7.1	6.8
LD	CONTRACEPTIVES,TRANSDERMAL	1,064	70	2	66	6.6	6.2
LD	DECONGESTANT-EXPECTORANT COMBINATIONS	3,028	8	0	8	0.3	0.3
LD	DENTAL AIDS AND PREPARATIONS	2,036	26	0	26	1.3	1.3
LD	DIGITALIS GLYCOSIDES	11,715	376	16	358	3.2	3.1
LD	DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT	877	42	5	37	4.8	4.2
LD	EAR PREPARATIONS,ANTIBIOTICS	1,416	9	0	7	0.6	0.5
LD	ELECTROLYTE DEPLETERS	3,740	29	4	25	0.8	0.7
LD	ELECTROLYTE MAINTENANCE	133	5	0	5	3.8	3.8
LD	ESTROGENIC AGENTS	9,963	485	20	459	4.9	4.6
LD	EXPECTORANTS	3,360	7	0	7	0.2	0.2
LD	EYE ANTIBIOTIC-CORTICOID COMBINATIONS	528	4	2	2	0.8	0.4
LD	EYE ANTIHISTAMINES	1,207	12	4	8	1.0	0.7
LD	EYE ANTIINFLAMMATORY AGENTS	2,048	21	6	15	1.0	0.7
LD	EYE SULFONAMIDES	695	2	2	0	0.3	0.0
LD	FLUORIDE PREPARATIONS	630	8	2	6	1.3	1.0
LD	FOLIC ACID PREPARATIONS	6,847	263	19	234	3.8	3.4
LD	GASTRIC ACID SECRETION REDUCERS	87,050	2,816	137	2,655	3.2	3.0
LD	GENERAL BRONCHODILATOR AGENTS	10,636	201	8	193	1.9	1.8
LD	GLUCOCORTICOIDS	23,297	515	31	476	2.2	2.0
LD	GRAM POSITIVE COCCI VACCINES	1,059	1	0	1	0.1	0.1
LD	HEMATINICS,OTHER	2,360	26	0	26	1.1	1.1
LD	HEMORRHEOLOGIC AGENTS	1,108	52	4	46	4.7	4.2
LD	HEPARIN AND RELATED PREPARATIONS	2,845	56	9	45	2.0	1.6
LD	HEPATITIS B TREATMENT AGENTS	80	5	2	3	6.3	3.8
LD	HEPATITIS C TREATMENT AGENTS	584	24	0	24	4.1	4.1
LD	HYPERURICEMIA TX - PURINE INHIBITORS	5,033	200	14	184	4.0	3.7
LD	HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS	433	4	0	4	0.9	0.9
LD	HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIB TYPE (N-S)	308	18	2	16	5.8	5.2
LD	HYPOGLYCEMICS, BIGUANIDE TYPE (NON-SULFONYLUREAS)	19,710	543	52	485	2.8	2.5
LD	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	24,769	670	33	625	2.7	2.5
LD	HYPOGLYCEMICS, INSULIN-RESPONSE ENHANCER (N-S)	13,848	201	26	173	1.5	1.2
LD	HYPOTENSIVES, ACE INHIBITORS	59,011	1,448	557	888	2.5	1.5
LD	HYPOTENSIVES,ANGIOTENSIN RECEPTOR ANTAGONIST	16,714	974	260	712	5.8	4.3
LD	HYPOTENSIVES,MISCELLANEOUS	2,238	98	12	86	4.4	3.8
LD	HYPOTENSIVES,SYMPATHOLYTIC	11,169	743	278	455	6.7	4.1
LD	HYPOTENSIVES,VASODILATORS	2,389	66	16	48	2.8	2.0
LD	IMMUNOMODULATORS	237	8	0	8	3.4	3.4
LD	IMMUNOSUPPRESSIVES	3,503	78	4	74	2.2	2.1
LD	INFLUENZA VIRUS VACCINES	2,758	232	114	118	8.4	4.3
LD	INTESTINAL MOTILITY STIMULANTS	8,140	302	30	272	3.7	3.3
LD	IRON REPLACEMENT	14,507	211	5	200	1.5	1.4
LD	IRRITABLE BOWEL SYND. AGENT,5HT-4 PARTIAL AGONIST	2,977	130	9	121	4.4	4.1
LD	KETOLIDES	148	10	0	10	6.8	6.8
LD	LAXATIVES AND CATHARTICS	52,753	1,101	83	982	2.1	1.9
LD	LAXATIVES, LOCAL/RECTAL	3,676	93	3	90	2.5	2.4
LD	LEUKOTRIENE RECEPTOR ANTAGONISTS	10,483	624	36	584	6.0	5.6
LD	LHRH(GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS	34	1	0	1	2.9	2.9
LD	LINCOSAMIDES	1,726	27	8	19	1.6	1.1
LD	LIPOTROPICS	72,937	13,383	9,573	3,792	18.3	5.2
LD	LOCAL ANESTHETICS	1,233	14	0	14	1.1	1.1
LD	LOOP DIURETICS	48,412	2,355	1,009	1,334	4.9	2.8
LD	MACROLIDES	14,528	314	110	202	2.2	1.4
LD	MAGNESIUM SALTS REPLACEMENT	969	7	0	7	0.7	0.7
LD	METABOLIC DEFICIENCY AGENTS	414	13	0	13	3.1	3.1
LD	MINERALOCORTICOIDS	702	2	0	2	0.3	0.3
LD	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	9,932	92	25	67	0.9	0.7

ATTACHMENT 2.1.B. -- Continued -- **ProDUR** Activity Detail: by Therapeutic Class

EDS **ProDUR Report #:** DUR-0012-A

-- Continued -- ATTACHMENT 2.1.B.4. LOW DOSE ALERT (LD)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancella-tions & Non-Responses	% Alerts /Total Rx	% Cancels /Total Rx
LD	MULTIVITAMIN PREPARATIONS	36,282	493	49	442	1.4	1.2
LD	NARCOTIC ANTAGONISTS	358	35	2	33	9.8	9.2
LD	NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT COMB	497	2	0	2	0.4	0.4
LD	NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE	2,595	6	0	6	0.2	0.2
LD	NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION	3,492	8	0	8	0.2	0.2
LD	NASAL ANTIHISTAMINE	701	10	0	10	1.4	1.4
LD	NASAL ANTI-INFLAMMATORY STEROIDS	10,274	78	0	78	0.8	0.8
LD	NITROFURAN DERIVATIVES	5,029	260	12	246	5.2	4.9
LD	NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.	5,151	15	0	15	0.3	0.3
LD	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	11,445	840	460	364	7.3	3.2
LD	NOSE PREPARATIONS, MISCELLANEOUS (RX)	358	6	0	6	1.7	1.7
LD	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	40,891	1,262	541	709	3.1	1.7
LD	OPHTHALMIC ANTIBIOTICS	3,786	16	12	4	0.4	0.1
LD	ORAL ANTICOAGULANTS,COUMARIN TYPE	21,226	1,258	324	924	5.9	4.4
LD	OXAZOLIDINONES	265	122	6	116	46.0	43.8
LD	PANCREATIC ENZYMES	1,038	10	0	10	1.0	1.0
LD	PARASYMPATHETIC AGENTS	676	22	0	22	3.3	3.3
LD	PEDIATRIC VITAMIN PREPARATIONS	1,364	21	2	19	1.5	1.4
LD	PENICILLINS	21,541	849	424	418	3.9	1.9

ATTACHMENT 2.1.B. -- Continued -- ProDUR Activity Detail: by Therapeutic Class

EDS **ProDUR Report #:** DUR-0012-A

-- Continued -- ATTACHMENT 2.1.B.4. -- Continued -- LOW DOSE ALERT (LD)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels / Total Rx
LD	PHOSPHATE REPLACEMENT	66	1	0	1	1.5	1.5
LD	PITUITARY SUPPRESSIVE AGENTS	340	4	2	2	1.2	0.6
LD	PLATELET AGGREGATION INHIBITORS	21,006	1,066	36	1,014	5.1	4.8
LD	PLATELET REDUCING AGENTS	46	2	0	2	4.3	4.3
LD	POTASSIUM REPLACEMENT	34,157	789	48	739	2.3	2.2
LD	POTASSIUM SPARING DIURETICS	7,128	296	67	229	4.2	3.2
LD	POTASSIUM SPARING DIURETICS IN COMBINATION	9,164	282	48	232	3.1	2.5
LD	PRENATAL VITAMIN PREPARATIONS	3,519	60	2	58	1.7	1.6
LD	PROGESTATIONAL AGENTS	1,231	21	4	17	1.7	1.4
LD	PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST	75	4	0	4	5.3	5.3
LD	QUINOLONES	18,002	1,039	369	652	5.8	3.6
LD	SEDATIVE-HYPNOTICS,NON-BARBITURATE	22,373	1,110	39	1,062	5.0	4.7
LD	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)	878	34	4	30	3.9	3.4
LD	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	77,905	6,084	3,126	2,907	7.8	3.7
LD	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	14,636	1,015	351	654	6.9	4.5
LD	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	18,658	2,902	1,837	1,055	15.6	5.7
LD	SKELETAL MUSCLE RELAXANTS	24,679	1,249	83	1,154	5.1	4.7
LD	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	2,122	90	0	90	4.2	4.2
LD	SSRI &ANTIPSYCH,ATYP,DOPAMINE&SEROTONIN ANTAG COMB	433	24	0	24	5.5	5.5
LD	STEROID ANTINEOPLASTICS	604	4	2	2	0.7	0.3
LD	SYMPATHOMIMETIC AGENTS	1,342	4	0	4	0.3	0.3
LD	TETRACYCLINES	5,299	113	35	74	2.1	1.4
LD	THIAZIDE AND RELATED DIURETICS	17,328	891	180	705	5.1	4.1
LD	THYROID HORMONES	39,151	135	16	117	0.3	0.3
LD	TOPICAL ANTIPARASITICS	2,052	4	0	4	0.2	0.2
LD	TOPICAL LOCAL ANESTHETICS	3,927	77	8	69	2.0	1.8
LD	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS	127	4	2	2	3.1	1.6
LD	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS	317	2	0	2	0.6	0.6
LD	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	14,216	1,387	636	751	9.8	5.3
LD	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	11,401	288	12	270	2.5	2.4
LD	TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE	3,947	122	2	118	3.1	3.0
LD	URICOSURIC AGENTS	146	8	4	4	5.5	2.7
LD	URINARY PH MODIFIERS	407	11	0	11	2.7	2.7
LD	URINARY TRACT ANALGESIC AGENTS	142	6	0	6	4.2	4.2
LD	URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.	566	4	0	4	0.7	0.7
LD	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	15,335	519	31	486	3.4	3.2
LD	VAGINAL ANTIFUNGALS	783	7	2	5	0.9	0.6
LD	VAGINAL ESTROGEN PREPARATIONS	700	22	0	22	3.1	3.1
LD	VANCOMYCIN AND DERIVATIVES	597	8	4	4	1.3	0.7
LD	VASODILATORS,CORONARY	21,566	2,055	1,228	809	9.5	3.8
LD	VASODILATORS,PERIPHERAL	77	4	0	4	5.2	5.2
LD	VITAMIN B PREPARATIONS	5,169	149	8	139	2.9	2.7
LD	VITAMIN B12 PREPARATIONS	2,854	130	10	120	4.6	4.2
LD	VITAMIN D PREPARATIONS	823	24	0	24	2.9	2.9
LD	VITAMIN K PREPARATIONS	245	2	0	2	0.8	0.8
LD	XANTHINES	3,356	141	6	133	4.2	4.0
LD	**LOW DOSE ALERT (LD) TOTAL**	**2,074,208**	**94,157**	**34,274**	**59,149**		

ATTACHMENT 2.1.B. -- Continued -- ProDUR Activity Detail: by Therapeutic Class

EDS **ProDUR Report #:** DUR-0012-A

ATTACHMENT 2.1.B.5. LATE REFILL (LR)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels / Total Rx
LR	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	10,935	25	18	7	0.2	0.1
LR	AGENTS TO TREAT MULTIPLE SCLEROSIS	4,445	49	33	16	1.1	0.4
LR	ALPHA-ADRENERGIC BLOCKING AGENTS	7,992	37	28	9	0.5	0.1
LR	AMMONIA INHIBITORS	4,208	56	53	3	1.3	0.1
LR	ANDROGENIC AGENTS	691	4	4	0	0.6	0.0
LR	ANTIARRHYTHMICS	7,963	63	18	45	0.8	0.6
LR	ANTICONVULSANTS	443,438	628	314	314	0.1	0.1
LR	ANTIDIURETIC AND VASOPRESSOR HORMONES	6,271	21	20	1	0.3	0.0
LR	ANTIHISTAMINES - 2ND GENERATION	140,366	75	55	20	0.1	0.0
LR	ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE	428	44	12	32	10.3	7.5
LR	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR	60	1	1	0	1.7	0.0
LR	ANTI-MANIA DRUGS	10,817	13	5	8	0.1	0.1
LR	ANTI-MYCOBACTERIUM AGENTS	362	6	3	3	1.7	0.8
LR	ANTINEOPLASTICS,MISCELLANEOUS	1,565	4	4	0	0.3	0.0
LR	ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC	18,742	33	4	29	0.2	0.2
LR	ANTIPARKINSONISM DRUGS,OTHER	19,477	42	14	28	0.2	0.1
LR	ANTIPSYCH,DOPAMINE ANTAG.,DIPHENYLBUTYLPIPERIDINES	121	28	2	26	23.1	21.5
LR	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	18,553	26	12	14	0.1	0.1
LR	ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG	263,146	614	346	268	0.2	0.1
LR	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES	675	2	0	2	0.3	0.3
LR	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES	3,956	8	0	8	0.2	0.2
LR	ANTI-PSYCHOTICS,PHENOTHIAZINES	15,031	406	249	157	2.7	1.0
LR	ANTI-ULCER PREPARATIONS	2,302	11	9	2	0.5	0.1
LR	ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI	2,611	25	18	7	1.0	0.3
LR	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB	892	6	4	2	0.7	0.2
LR	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	1,487	14	3	11	0.9	0.7
LR	APPETITE STIM. FOR ANOREXIA,CACHEXIA,WASTING SYND.	1,020	2	2	0	0.2	0.0
LR	APPETITE STIMULANTS	1,096	2	2	0	0.2	0.0
LR	BARBITURATES	11,214	11	4	7	0.1	0.1
LR	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	5,839	4	0	4	0.1	0.1
LR	BETA-ADRENERGIC AGENTS	143,890	1,746	1,490	254	1.2	0.2
LR	BETA-ADRENERGIC BLOCKING AGENTS	146,773	1,119	910	209	0.8	0.1
LR	BETA-ADRENERGICS AND GLUCOCORTICOIDS COMBINATION	29,687	57	47	10	0.2	0.0
LR	BILE SALT SEQUESTRANTS	1,480	4	4	0	0.3	0.0
LR	BILE SALTS	228	2	2	0	0.9	0.0
LR	BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE	180	14	12	2	7.8	1.1
LR	BONE RESORPTION INHIBITOR & VITAMIN D COMBINATIONS	410	5	4	1	1.2	0.2
LR	BONE RESORPTION INHIBITORS	41,145	367	284	83	0.9	0.2
LR	CALCIUM CHANNEL BLOCKING AGENTS	103,388	855	688	167	0.8	0.2
LR	CARBONIC ANHYDRASE INHIBITORS	1,239	24	20	4	1.9	0.3
LR	CENTRAL NERVOUS SYSTEM STIMULANTS	91	4	4	0	4.4	0.0
LR	CHOLINESTERASE INHIBITORS	24,467	21	9	12	0.1	0.0
LR	COLCHICINE	433	4	3	1	0.9	0.2
LR	CONTRACEPTIVES,INJECTABLE	1,020	6	6	0	0.6	0.0
LR	CONTRACEPTIVES,ORAL	22,581	34	27	7	0.2	0.0
LR	CONTRACEPTIVES,TRANSDERMAL	2,452	9	8	1	0.4	0.0
LR	DIGITALIS GLYCOSIDES	18,493	9	5	4	0.0	0.0
LR	DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT	877	2	2	0	0.2	0.0

ATTACHMENT 2.1.B. -- Continued -- ProDUR Activity Detail: by Therapeutic Class

EDS **ProDUR Report #:** DUR-0012-A

-- Continued -- ATTACHMENT 2.1.B.5. -- Continued -- LATE REFILL (LR)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels / Total Rx
LR	ELECTROLYTE DEPLETERS	6,715	21	19	2	0.3	0.0
LR	ESTROGENIC AGENTS	31,231	43	37	6	0.1	0.0
LR	FOLIC ACID PREPARATIONS	17,241	5	5	0	0.0	0.0
LR	GASTRIC ACID SECRETION REDUCERS	291,881	233	140	93	0.1	0.0
LR	GENERAL BRONCHODILATOR AGENTS	31,668	675	621	54	2.1	0.2
LR	GLUCOCORTICOIDS	80,319	233	217	16	0.3	0.0
LR	HEMATINICS,OTHER	6,142	106	88	18	1.7	0.3
LR	HEMORRHEOLOGIC AGENTS	1,600	3	1	2	0.2	0.1
LR	HEPATITIS C TREATMENT AGENTS	156	1	1	0	0.6	0.0
LR	HYPERGLYCEMICS	384	1	1	0	0.3	0.0
LR	HYPERURICEMIA TX - PURINE INHIBITORS	1,142	2	2	0	0.2	0.0
LR	HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIB TYPE (N-S)	528	12	2	10	2.3	1.9
LR	HYPOGLYCEMICS, BIGUANIDE TYPE (NON-SULFONYLUREAS)	51,393	35	26	9	0.1	0.0
LR	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	58,767	26	17	9	0.0	0.0
LR	HYPOGLYCEMICS, INSULIN-RESPONSE ENHANCER (N-S)	36,105	23	20	3	0.1	0.0
LR	HYPOTENSIVES, ACE INHIBITORS	161,539	994	815	179	0.6	0.1
LR	HYPOTENSIVES,ANGIOTENSIN RECEPTOR ANTAGONIST	43,011	163	141	22	0.4	0.1
LR	HYPOTENSIVES,MISCELLANEOUS	2,271	7	7	0	0.3	0.0
LR	HYPOTENSIVES,SYMPATHOLYTIC	42,480	500	384	116	1.2	0.3
LR	HYPOTENSIVES,VASODILATORS	5,761	69	56	13	1.2	0.2
LR	IMMUNOSUPPRESSIVES	5,786	16	4	12	0.3	0.2
LR	INSULINS	103,254	382	188	194	0.4	0.2
LR	LAXATIVES AND CATHARTICS	123,864	15	8	7	0.0	0.0
LR	LEUKOTRIENE RECEPTOR ANTAGONISTS	22,110	11	10	1	0.0	0.0
LR	LIPOTROPICS	210,941	7,129	6,323	800	3.4	0.4
LR	LOOP DIURETICS	117,411	1,348	1,137	211	1.1	0.2
LR	MAST CELL STABILIZERS	643	9	6	3	1.4	0.5
LR	MINERALOCORTICOIDS	462	6	6	0	1.3	0.0
LR	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	20,466	2,188	1,943	238	10.7	1.2
LR	MYDRIATICS	875	77	66	11	8.8	1.3
LR	NASAL ANTIHISTAMINE	903	26	20	6	2.9	0.7
LR	NASAL ANTI-INFLAMMATORY STEROIDS	35,391	1,842	1,648	190	5.2	0.5
LR	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	43,517	562	476	85	1.3	0.2
LR	NOSE PREPARATIONS, MISCELLANEOUS (RX)	729	41	38	2	5.6	0.3
LR	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	136,864	1,773	1,485	286	1.3	0.2
LR	ORAL ANTICOAGULANTS,COUMARIN TYPE	48,860	205	59	146	0.4	0.3
LR	PANCREATIC ENZYMES	3,320	43	40	3	1.3	0.1
LR	PITUITARY SUPPRESSIVE AGENTS	731	12	10	2	1.6	0.3
LR	PLATELET AGGREGATION INHIBITORS	45,985	26	15	9	0.1	0.0
LR	POTASSIUM REPLACEMENT	84,091	228	82	145	0.3	0.2
LR	POTASSIUM SPARING DIURETICS	20,829	70	59	11	0.3	0.1
LR	POTASSIUM SPARING DIURETICS IN COMBINATION	21,234	37	25	12	0.2	0.1
LR	PROGESTATIONAL AGENTS	3,560	37	33	4	1.0	0.1
LR	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)	622	5	1	4	0.8	0.6
LR	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	252,371	3,735	3,117	610	1.5	0.2
LR	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	53,334	485	420	65	0.9	0.1
LR	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	64,069	1,598	1,369	229	2.5	0.4
LR	SKELETAL MUSCLE RELAXANTS	92,085	88	50	38	0.1	0.0
LR	SSRI &ANTIPSYCH,ATYP,DOPAMINE&SEROTONIN ANTAG COMB	506	5	3	2	1.0	0.4
LR	THIAZIDE AND RELATED DIURETICS	48,178	161	130	31	0.3	0.1
LR	THYROID HORMONES	102,321	88	47	41	0.1	0.0
LR	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS	104	4	1	3	3.8	2.9
LR	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS	317	2	2	0	0.6	0.0
LR	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	47,084	739	597	141	1.6	0.3
LR	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	55,261	66	55	11	0.1	0.0
LR	TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE	13,465	14	12	2	0.1	0.0
LR	URINARY PH MODIFIERS	191	2	2	0	1.0	0.0
LR	URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.	171	2	0	2	1.2	1.2
LR	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	27,538	84	11	73	0.3	0.3
LR	VAGINAL ESTROGEN PREPARATIONS	1,330	43	36	7	3.2	0.5
LR	VASODILATORS,CORONARY	49,852	2,634	2,283	347	5.3	0.7
LR	VITAMIN B12 PREPARATIONS	5,031	6	6	0	0.1	0.0
LR	VITAMIN D PREPARATIONS	226	1	1	0	0.4	0.0
LR	XANTHINES	3,356	2	0	2	0.1	0.1
LR	**LATE REFILL (LR) TOTAL**	**4,678,672**	**36,193**	**29,723**	**6,430**		

ATTACHMENT 2.1.B. -- Continued -- ProDUR Activity Detail: by Therapeutic Class

EDS **ProDUR Report #:** DUR-0012-A

ATTACHMENT 2.1.B.6. DRUG-DISEASE PRECAUTION (MC)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancella-tions & Non-Responses	% Alerts /Total Rx	% Cancels /Total Rx
MC	1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	7,522	50	19	31	0.7	0.4
MC	1ST GENERATION ANTIHISTAMINE-ANALGESIC, NON-SAL.	60	7	1	6	11.7	10.0
MC	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	13,562	67	32	35	0.5	0.3
MC	ADRENERGIC VASOPRESSOR AGENTS	389	4	0	4	1.0	1.0
MC	AGENTS TO TREAT MULTIPLE SCLEROSIS	4,445	125	33	92	2.8	2.1
MC	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	31,149	1,251	617	631	4.0	2.0
MC	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	4,069	19	2	16	0.5	0.4
MC	ANALGESIC/ANTIPYRETICS, SALICYLATES	174,413	211	137	74	0.1	0.0
MC	ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION	3,149	137	36	94	4.4	3.0
MC	ANAPHYLAXIS THERAPY AGENTS	430	4	0	4	0.9	0.9
MC	ANTACIDS	30,477	76	15	54	0.2	0.2
MC	ANTI-ANXIETY DRUGS	336,493	13,130	2,363	10,647	3.9	3.2
MC	ANTIARRHYTHMICS	7,963	265	40	221	3.3	2.8
MC	ANTICHOLINERGICS,QUATERNARY AMMONIUM	3,285	54	16	37	1.6	1.1
MC	ANTICHOLINERGICS/ANTISPASMODICS	7,512	229	24	202	3.0	2.7
MC	ANTICOAGULANTS,COUMARIN TYPE	2,388	130	44	86	5.4	3.6
MC	ANTICONVULSANTS	443,438	7,721	684	6,951	1.7	1.6
MC	ANTIDIARRHEALS	16,959	332	46	284	2.0	1.7
MC	ANTIDIURETIC AND VASOPRESSOR HORMONES	7,884	172	30	141	2.2	1.8
MC	ANTIEMETIC/ANTIVERTIGO AGENTS	29,576	268	58	200	0.9	0.7
MC	ANTIFUNGAL AGENTS	3,063	1	0	1	0.0	0.0
MC	ANTIHISTAMINES - 1ST GENERATION	78,368	913	97	807	1.2	1.0
MC	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	2,580	45	7	37	1.7	1.4
MC	ANTILEPROTICS	96	2	0	1	2.1	1.0
MC	ANTIMALARIAL DRUGS	3,200	1	0	1	0.0	0.0
MC	ANTI-MANIA DRUGS	14,946	16	0	14	0.1	0.1
MC	ANTIMETABOLITES	368	2	0	2	0.5	0.5
MC	ANTIMIGRAINE PREPARATIONS	11,109	527	361	165	4.7	1.5
MC	ANTI-MYCOBACTERIUM AGENTS	140	2	1	1	1.4	0.7
MC	ANTI-NARCOLEPSY & ANTI-CATAPLEXY,SEDATIVE-TYPE AGT	58	10	2	8	17.2	13.8
MC	ANTINEOPLASTICS,MISCELLANEOUS	698	2	0	2	0.3	0.3
MC	ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC	29,446	940	60	867	3.2	2.9
MC	ANTIPARKINSONISM DRUGS,OTHER	23,817	307	32	274	1.3	1.2
MC	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	41,256	1,023	80	935	2.5	2.3
MC	ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS	996	62	2	59	6.2	5.9
MC	ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG	263,146	8,569	1,073	7,386	3.3	2.8
MC	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES	2,053	116	18	94	5.7	4.6
MC	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES	12,688	668	81	572	5.3	4.5
MC	ANTIPSYCHOTICS,DOPAMINE ANTAGONST,DIHYDROINDOLONES	43	1	0	1	2.3	2.3
MC	ANTI-PSYCHOTICS,PHENOTHIAZINES	15,031	2,695	1,784	901	17.9	6.0
MC	ANTISPASMODIC AGENTS	29	4	0	4	13.8	13.8
MC	ANTI-ULCER PREPARATIONS	1,156	2	0	2	0.2	0.2
MC	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	2,202	23	4	19	1.0	0.9
MC	APPETITE STIM. FOR ANOREXIA,CACHEXIA,WASTING SYND.	2,169	17	2	15	0.8	0.7
MC	APPETITE STIMULANTS	1,096	9	1	8	0.8	0.7
MC	BARBITURATES	25,655	223	11	212	0.9	0.8
MC	BELLADONNA ALKALOIDS	6,494	132	10	122	2.0	1.9
MC	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	9,426	38	1	37	0.4	0.4
MC	BETA-ADRENERGIC AGENTS	143,890	6,123	1,673	4,386	4.3	3.0
MC	BETA-ADRENERGIC BLOCKING AGENTS	146,773	7,270	3,321	3,927	5.0	2.7
MC	BETA-ADRENERGICS AND GLUCOCORTICOIDS COMBINATION	31,899	352	35	315	1.1	1.0
MC	BICARBONATE PRODUCING/CONTAINING AGENTS	163	17	6	11	10.4	6.7
MC	BULK CHEMICALS	8	1	0	1	12.5	12.5
MC	CALCIUM CHANNEL BLOCKING AGENTS	98,066	52	28	24	0.1	0.0
MC	CALCIUM REPLACEMENT	21,346	4	1	3	0.0	0.0
MC	CARBAPENEMS (THIENAMYCINS)	131	2	0	1	1.5	0.8
MC	CARBONIC ANHYDRASE INHIBITORS	1,570	23	5	18	1.5	1.1
MC	CENTRAL NERVOUS SYSTEM STIMULANTS	91	4	4	0	4.4	0.0
MC	CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.	134	4	1	3	3.0	2.2
MC	CHOLINESTERASE INHIBITORS	28,488	274	27	244	1.0	0.9
MC	CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	491	13	4	9	2.6	1.8
MC	CONTRACEPTIVES,INJECTABLE	4,535	109	21	86	2.4	1.9
MC	CONTRACEPTIVES,ORAL	24,725	772	85	684	3.1	2.8
MC	CONTRACEPTIVES,TRANSDERMAL	3,787	115	16	99	3.0	2.6
MC	DECONGESTANT-ANTICHOLINERGIC COMBINATIONS	5	1	0	1	20.0	20.0
MC	DECONGESTANT-EXPECTORANT COMBINATIONS	13,660	170	10	158	1.2	1.2
MC	ESTROGENIC AGENTS	32,636	611	53	548	1.9	1.7
MC	EXPECTORANT COMBINATIONS OTHER	5	1	0	1	20.0	20.0
MC	EYE VASOCONSTRICTORS (OTC ONLY)	129	6	6	0	4.7	0.0
MC	EYE VASOCONSTRICTORS (RX ONLY)	49	10	10	0	20.4	0.0

ATTACHMENT 2.1.B. -- Continued -- ProDUR Activity Detail: by Therapeutic Class

EDS **ProDUR Report #:** DUR-0012-A

Continued -- ATTACHMENT 2.1.B.6 DRUG-DISEASE PRECAUTION (MC)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancella-tions & Non-Responses	% Alerts /Total Rx	% Cancels /Total Rx
MC	GENERAL BRONCHODILATOR AGENTS	8,888	2	1	1	0.0	0.0
MC	GLUCOCORTICOIDS	80,319	2,267	400	1,847	2.8	2.3
MC	GOLD SALTS	12	2	1	1	16.7	8.3
MC	HEMATINICS,OTHER	6,142	529	183	337	8.6	5.5
MC	HEMORRHOIDAL PREP, ANTI-INFAM STEROID/LOCAL ANESTH	35	2	0	2	5.7	5.7
MC	HEMORRHOIDAL PREPARATIONS	384	9	0	9	2.3	2.3
MC	HEMORRHOIDALS, LOCAL RECTAL ANESTHETICS	27	2	0	2	7.4	7.4
MC	HEPATITIS C TREATMENT AGENTS	2,528	67	14	51	2.7	2.0
MC	HYPERURICEMIA TX - PURINE INHIBITORS	11,752	227	12	215	1.9	1.8
MC	HYPOGLYCEMICS, BIGUANIDE TYPE (NON-SULFONYLUREAS)	23,343	6	2	4	0.0	0.0
MC	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	6,619	2	0	2	0.0	0.0
MC	HYPOGLYCEMICS, INSULIN-RESPONSE ENHANCER (N-S)	41,354	85	14	71	0.2	0.2
MC	HYPOTENSIVES, ACE INHIBITORS	161,539	3,267	1,467	1,792	2.0	1.1
MC	HYPOTENSIVES,ANGIOTENSIN RECEPTOR ANTAGONIST	43,011	601	205	396	1.4	0.9
MC	HYPOTENSIVES,MISCELLANEOUS	5,892	170	55	115	2.9	2.0
MC	HYPOTENSIVES,SYMPATHOLYTIC	42,480	3,005	1,094	1,888	7.1	4.4
MC	HYPOTENSIVES,VASODILATORS	2,090	9	2	7	0.4	0.3
MC	IMMUNOMODULATORS	73	2	0	2	2.7	2.7
MC	IMMUNOSUPPRESSIVES	11,076	315	38	270	2.8	2.4
MC	INOTROPIC DRUGS	3	1	0	1	33.3	33.3
MC	INSULINS	67,850	27	1	26	0.0	0.0
MC	INTESTINAL MOTILITY STIMULANTS	25,503	1,126	116	1,000	4.4	3.9
MC	IODINE CONTAINING AGENTS	31	2	0	2	6.5	6.5
MC	IRON REPLACEMENT	39,759	6	0	6	0.0	0.0
MC	IRRITABLE BOWEL SYND. AGENT,5HT-4 PARTIAL AGONIST	6,456	23	2	21	0.4	0.3
MC	KETOLIDES	13	1	0	1	7.7	7.7
MC	LAXATIVES, LOCAL/RECTAL	17,347	97	19	74	0.6	0.4
MC	LINCOSAMIDES	5,334	21	4	17	0.4	0.3
MC	LIPOTROPICS	210,941	101	75	26	0.0	0.0
MC	LOCAL ANESTHETICS	2,187	19	0	19	0.9	0.9
MC	LOOP DIURETICS	48,412	2	0	2	0.0	0.0
MC	MAGNESIUM SALTS REPLACEMENT	4,844	19	4	15	0.4	0.3
MC	MAOIS - NON-SELECTIVE & IRREVERSIBLE	66	13	2	11	19.7	16.7
MC	METALLIC POISON,AGENTS TO TREAT	24	1	0	1	4.2	4.2
MC	MINERALOCORTICOIDS	1,963	121	33	88	6.2	4.5
MC	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	20,466	304	243	59	1.5	0.3
MC	NARCOTIC ANTITUSS-1ST GEN ANTIHIST-DECONGST-EXPECT	20	1	0	1	5.0	5.0
MC	NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	11,873	122	14	108	1.0	0.9
MC	NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT COMB	1,455	20	3	17	1.4	1.2
MC	NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE	12,529	497	177	320	4.0	2.6
MC	NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.	367	12	1	11	3.3	3.0
MC	NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION	17,218	114	17	97	0.7	0.6
MC	NON-NARC ANTITUS-1ST GEN ANTIHIST-DECONGEST-EXPECT	272	3	1	2	1.1	0.7
MC	NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	12,508	106	66	40	0.8	0.3
MC	NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.	1,371	20	3	17	1.5	1.2
MC	NON-NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT CMB	331	7	1	6	2.1	1.8
MC	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	43,517	4,514	2,370	2,125	10.4	4.9
MC	NSAID, COX INHIBITOR-TYPE & PROTON PUMP INHIB COMB	41	8	1	7	19.5	17.1
MC	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	136,864	8,384	4,523	3,825	6.1	2.8
MC	ORAL ANTICOAGULANTS,COUMARIN TYPE	48,860	2,059	647	1,390	4.2	2.8
MC	PARASYMPATHETIC AGENTS	1,734	34	0	34	2.0	2.0
MC	PHOSPHATE REPLACEMENT	346	13	2	11	3.8	3.2
MC	PITUITARY SUPPRESSIVE AGENTS	697	14	1	13	2.0	1.9
MC	PLATELET AGGREGATION INHIBITORS	49,273	24	1	23	0.0	0.0
MC	POTASSIUM REPLACEMENT	84,091	1,306	186	1,094	1.6	1.3
MC	POTASSIUM SPARING DIURETICS	20,829	372	131	241	1.8	1.2
MC	POTASSIUM SPARING DIURETICS IN COMBINATION	23,531	264	71	192	1.1	0.8
MC	PROGESTATIONAL AGENTS	4,372	201	87	111	4.6	2.5
MC	PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB	37	6	1	5	16.2	13.5
MC	QUINOLONES	50,165	3,024	1,714	1,294	6.0	2.6
MC	RECTAL PREPARATIONS	2,341	52	3	49	2.2	2.1
MC	SEDATIVE-HYPNOTICS,NON-BARBITURATE	88,094	3,080	442	2,621	3.5	3.0
MC	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	252,371	8,901	5,179	3,690	3.5	1.5
MC	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	39,807	41	26	15	0.1	0.0
MC	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	64,069	11,130	7,570	3,525	17.4	5.5
MC	SKELETAL MUSCLE RELAXANTS	92,085	1,410	199	1,196	1.5	1.3
MC	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	8,267	31	4	27	0.4	0.3
MC	SMOKING DETERRENTS, OTHER	270	13	1	12	4.8	4.4
MC	SSRI &ANTIPSYCH,ATYP,DOPAMINE&SEROTONIN ANTAG COMB	961	15	2	13	1.6	1.4
MC	STEROID ANTINEOPLASTICS	929	9	0	9	1.0	1.0
MC	SYMPATHOMIMETIC AGENTS	7,179	115	32	82	1.6	1.1

ATTACHMENT 2.1.B. -- Continued -- **ProDUR** Activity Detail: by Therapeutic Class

EDS **ProDUR Report #:** DUR-0012-A

-- Continued -- ATTACHMENT 2.1.B.6. DRUG-DISEASE PRECAUTION (MC)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancella-tions & Non-Responses	% Alerts /Total Rx	% Cancels /Total Rx
MC	THYROID HORMONES	102,321	3,396	230	3,130	3.3	3.1
MC	TOPICAL ANTIFUNGALS	7,504	1	1	0	0.0	0.0
MC	TOPICAL ANTI-INFLAMMATORY STEROIDAL	11,968	6	0	6	0.1	0.1
MC	TOPICAL ANTIPARASITICS	5,304	17	1	16	0.3	0.3
MC	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS	317	24	6	18	7.6	5.7
MC	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS	669	23	3	20	3.4	3.0
MC	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	47,084	2,650	1,453	1,190	5.6	2.5
MC	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	55,261	1,407	197	1,198	2.5	2.2
MC	URINARY PH MODIFIERS	847	18	0	18	2.1	2.1
MC	URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)	823	6	0	3	0.7	0.4
MC	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	38,727	906	64	841	2.3	2.2
MC	VASODILATORS,CORONARY	35,335	14	8	6	0.0	0.0
MC	XANTHINES	9,446	366	22	334	3.9	3.5
MC	**DRUG-DISEASE CONTRAINDICATION OR PRECAUTION (MC) TOTAL**	**5,291,578**	**188,386**	**93,479**	**93,858**		

ATTACHMENT 2.1.B. -- Continued -- ProDUR Activity Detail: by Therapeutic Class

EDS **ProDUR Report #:** DUR-0012-A

ATTACHMENT 2.1.B.7. DRUG-AGE [PEDIATRIC ALERT] (PA)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels / Total Rx
PA	1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	2,141	3	0	3	0.1	0.1
PA	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	23,918	21	0	21	0.1	0.1
PA	ANALGESICS,NARCOTICS	293,299	44	38	6	0.0	0.0
PA	ANTIARRHYTHMICS	4,976	11	7	4	0.2	0.1
PA	ANTICONVULSANTS	226,098	513	341	165	0.2	0.1
PA	ANTIHISTAMINES - 1ST GENERATION	57,108	24	1	23	0.0	0.0
PA	ANTI-PSYCHOTICS,PHENOTHIAZINES	8,777	102	64	36	1.2	0.4
PA	BELLADONNA ALKALOIDS	4,215	23	5	18	0.5	0.4
PA	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	10,149	1	0	1	0.0	0.0
PA	LAXATIVES AND CATHARTICS	301,643	419	69	345	0.1	0.1
PA	NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	7,491	12	2	10	0.2	0.1
PA	NITROFURAN DERIVATIVES	12,720	462	31	425	3.6	3.3
PA	NON-NARC ANTITUS-1ST GEN ANTIHIST-DECONGEST-EXPECT	236	2	0	2	0.8	0.8
PA	NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	5,771	11	9	2	0.2	0.0
PA	NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.	660	8	0	8	1.2	1.2
PA	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	136,864	402	184	216	0.3	0.2
PA	PLATELET AGGREGATION INHIBITORS	29,583	7	1	6	0.0	0.0
PA	QUINOLONES	25,412	9	6	3	0.0	0.0
PA	SEDATIVE-HYPNOTICS,NON-BARBITURATE	42,627	15	2	13	0.0	0.0
PA	SKELETAL MUSCLE RELAXANTS	79,945	157	20	134	0.2	0.2
PA	THYROID HORMONES	65,330	24	6	17	0.0	0.0
PA	TOPICAL ANTI-INFLAMMATORY STEROIDAL	24,884	11	10	1	0.0	0.0
PA	TOPICAL IMMUNOSUPPRESSIVE AGENTS	1,378	3	0	3	0.2	0.2
PA	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS	79	1	1	0	1.3	0.0
PA	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS	310	5	2	3	1.6	1.0
PA	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	44,289	322	167	155	0.7	0.3
PA	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	35,065	48	8	40	0.1	0.1
PA	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	38,727	132	21	107	0.3	0.3
PA	**DRUG-AGE [PEDIATRIC] (PA) ALERT TOTAL**	**2,298,329**	**4,879**	**1,741**	**3,084**		

ATTACHMENT 2.1.B. -- Continued -- ProDUR Activity Detail: by Therapeutic Class

EDS **ProDUR Report #:** DUR-0012-A

ATTACHMENT 2.1.B.8. DRUG-GENDER [PREGNANCY ALERT] (PG)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancellations & Non-Responses	% Alerts /Total Rx	% Cancels / Total Rx
PG	ABSORBABLE SULFONAMIDES	3,298	1	0	1	0.0	0.0
PG	ANALGESIC/ANTIPYRETICS,NON-SALICYLATE	70,047	14	4	10	0.0	0.0
PG	ANTI-ANXIETY DRUGS	221,066	19	0	19	0.0	0.0
PG	ANTIEMETIC/ANTIVERTIGO AGENTS	10,812	4	2	2	0.0	0.0
PG	ANTI-MANIA DRUGS	7,779	6	0	6	0.1	0.1
PG	ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC	9,075	4	1	3	0.0	0.0
PG	BETA-ADRENERGIC AGENTS	7,047	1	1	0	0.0	0.0
PG	CEPHALOSPORINS - 1ST GENERATION	9,562	2	0	2	0.0	0.0
PG	CONTRACEPTIVES,ORAL	15,257	16	7	9	0.1	0.1
PG	DENTAL AIDS AND PREPARATIONS	1,021	3	2	1	0.3	0.1
PG	FOLIC ACID PREPARATIONS	12,976	5	1	4	0.0	0.0
PG	GLUCOCORTICOIDS	4,110	1	1	0	0.0	0.0
PG	HYPOGLYCEMICS, BIGUANIDE TYPE (NON-SULFONYLUREAS)	12,190	3	0	2	0.0	0.0
PG	HYPOTENSIVES, ACE INHIBITORS	95,995	6	2	4	0.0	0.0
PG	HYPOTENSIVES,SYMPATHOLYTIC	15,100	3	1	1	0.0	0.0
PG	LAXATIVES AND CATHARTICS	52,753	4	2	2	0.0	0.0
PG	LAXATIVES, LOCAL/RECTAL	2,203	1	0	1	0.0	0.0
PG	LEUKOTRIENE RECEPTOR ANTAGONISTS	7,977	2	0	2	0.0	0.0
PG	LINCOSAMIDES	643	1	0	1	0.2	0.2
PG	LIPOTROPICS	153,745	19	13	6	0.0	0.0
PG	LOCAL ANESTHETICS	1,233	2	0	2	0.2	0.2
PG	LOOP DIURETICS	36,220	4	3	1	0.0	0.0
PG	MACROLIDES	14,945	3	2	1	0.0	0.0
PG	NASAL ANTI-INFLAMMATORY STEROIDS	2,665	1	0	1	0.0	0.0
PG	NITROFURAN DERIVATIVES	3,033	1	1	0	0.0	0.0
PG	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	28,911	15	8	7	0.1	0.0
PG	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	101,237	36	22	14	0.0	0.0
PG	OPHTHALMIC ANTIBIOTICS	658	1	1	0	0.2	0.0
PG	PENICILLINS	57,925	16	9	7	0.0	0.0
PG	PLATELET AGGREGATION INHIBITORS	21,006	2	0	2	0.0	0.0
PG	POTASSIUM SPARING DIURETICS IN COMBINATION	1,177	2	0	2	0.2	0.2
PG	PRENATAL VITAMIN PREPARATIONS	4,447	4	0	4	0.1	0.1
PG	SEDATIVE-HYPNOTICS,NON-BARBITURATE	31,987	8	3	5	0.0	0.0
PG	SKELETAL MUSCLE RELAXANTS	6,042	1	0	1	0.0	0.0
PG	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	1,195	1	1	0	0.1	0.0
PG	THIAZIDE AND RELATED DIURETICS	17,328	4	0	4	0.0	0.0
PG	THYROID HORMONES	44,339	5	0	5	0.0	0.0
PG	TOPICAL ANTIBIOTICS	3,795	1	1	0	0.0	0.0
PG	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	5,888	2	0	2	0.0	0.0
PG	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	8,707	4	0	4	0.0	0.0
PG	VAGINAL ANTIFUNGALS	783	2	0	2	0.3	0.3
PG	VITAMIN B PREPARATIONS	12,169	8	0	8	0.1	0.1
PG	**DRUG-GENDER [PREGNANCY] (PG) ALERT TOTAL**	**2,104,394**	**324**	**126**	**196**		

ATTACHMENT 2.1.B.-- Continued -- ProDUR Activity EDS ProDUR Report #: DUR-0012-A

ATTACHMENT 2.1.B.9. THERAPEUTIC DUPLICATION (TD)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancella-tions & Non-Responses	% Alerts /Total Rx	% Cancels / Total Rx
TD	ABSORBABLE SULFONAMIDES	29,003	370	285	85	1.3	0.3
TD	ADRENERGIC VASOPRESSOR AGENTS	331	2	0	2	0.6	0.6
TD	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	20,560	1,731	1,455	276	8.4	1.3
TD	ALPHA-ADRENERGIC BLOCKING AGENTS	9,083	537	450	85	5.9	0.9
TD	AMINOGLYCOSIDES	2,024	94	63	31	4.6	1.5
TD	ANALGESIC/ANTIPYRETICS, SALICYLATES	174,413	3,619	2,906	712	2.1	0.4
TD	ANALGESICS,NARCOTICS	537,456	275,466	246,099	29,293	51.3	5.5
TD	ANTI-ALCOHOLIC PREPARATIONS	435	2	0	2	0.5	0.5
TD	ANTIARRHYTHMICS	7,963	139	85	54	1.7	0.7
TD	ANTIDIARRHEALS	5,033	10	0	10	0.2	0.2
TD	ANTIFUNGAL AGENTS	5,167	8	0	8	0.2	0.2
TD	ANTIHISTAMINES - 1ST GENERATION	19,764	70	0	70	0.4	0.4
TD	ANTIHISTAMINES - 2ND GENERATION	28,182	34	0	34	0.1	0.1
TD	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR	528	13	12	1	2.5	0.2
TD	ANTIMALARIAL DRUGS	5,154	2	0	2	0.0	0.0
TD	ANTI-MANIA DRUGS	5,037	38	0	38	0.8	0.8
TD	ANTIMETABOLITES	1,730	8	0	8	0.5	0.5
TD	ANTIMIGRAINE PREPARATIONS	11,109	734	583	150	6.6	1.4
TD	ANTI-MYCOBACTERIUM AGENTS	871	135	120	15	15.5	1.7
TD	ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC	9,075	22	0	22	0.2	0.2
TD	ANTIPARKINSONISM DRUGS,OTHER	9,436	192	0	192	2.0	2.0
TD	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	9,747	144	0	144	1.5	1.5
TD	ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS	399	6	0	6	1.5	1.5
TD	ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG	80,025	2,300	0	2,300	2.9	2.9
TD	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES	675	8	0	8	1.2	1.2
TD	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES	3,956	36	0	36	0.9	0.9
TD	ANTI-PSYCHOTICS,PHENOTHIAZINES	15,031	4,787	3,996	788	31.8	5.2
TD	ANTITUBERCULAR ANTIBIOTICS	182	13	5	8	7.1	4.4
TD	ANTI-ULCER PREPARATIONS	3,633	44	38	6	1.2	0.2
TD	ANTI-ULCER-H.PYLORI AGENTS	25	1	1	0	4.0	0.0
TD	ANTIVIRAL MONOCLONAL ANTIBODIES	168	4	0	4	2.4	2.4
TD	ANTIVIRALS, GENERAL	2,221	4	0	4	0.2	0.2
TD	ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI	855	40	0	40	4.7	4.7
TD	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	783	24	0	24	3.1	3.1
TD	BARBITURATES	4,415	32	0	32	0.7	0.7
TD	BELLADONNA ALKALOIDS	2,149	6	0	6	0.3	0.3
TD	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	5,839	30	0	30	0.5	0.5
TD	BETA-ADRENERGIC AGENTS	41,650	452	0	452	1.1	1.1
TD	BETA-ADRENERGIC BLOCKING AGENTS	146,773	9,940	8,374	1,566	6.8	1.1
TD	BETA-ADRENERGICS AND GLUCOCORTICOIDS COMBINATION	9,861	4	0	4	0.0	0.0
TD	BETALACTAMS	39	4	3	1	10.3	2.6
TD	BILE SALT SEQUESTRANTS	1,042	2	0	2	0.2	0.2
TD	BONE RESORPTION INHIBITORS	19,738	76	0	76	0.4	0.4
TD	CALCIMIMETIC,PARATHYROID CALCIUM ENHANCER	901	6	0	6	0.7	0.7
TD	CALCIUM CHANNEL BLOCKING AGENTS	103,388	7,724	6,623	1,100	7.5	1.1
TD	CALCIUM REPLACEMENT	22,291	76	0	76	0.3	0.3
TD	CARBAPENEMS (THIENAMYCINS)	270	8	5	3	3.0	1.1
TD	CARBONIC ANHYDRASE INHIBITORS	1,708	73	62	11	4.3	0.6
TD	CEPHALOSPORINS - 1ST GENERATION	37,993	1,600	1,265	335	4.2	0.9
TD	CEPHALOSPORINS - 2ND GENERATION	7,457	169	144	25	2.3	0.3
TD	CEPHALOSPORINS - 3RD GENERATION	12,236	204	171	33	1.7	0.3
TD	CHOLINESTERASE INHIBITORS	16,031	56	0	56	0.3	0.3
TD	CONTRACEPTIVES,ORAL	5,495	20	0	20	0.4	0.4
TD	DIGITALIS GLYCOSIDES	11,715	44	0	44	0.4	0.4
TD	ELECTROLYTE DEPLETERS	3,740	30	0	30	0.8	0.8
TD	ESTROGENIC AGENTS	9,963	18	0	18	0.2	0.2
TD	FOLIC ACID PREPARATIONS	6,847	2	0	2	0.0	0.0
TD	GASTRIC ACID SECRETION REDUCERS	87,050	510	0	510	0.6	0.6
TD	GENERAL BRONCHODILATOR AGENTS	10,636	28	0	28	0.3	0.3
TD	GERIATRIC VITAMIN PREPARATIONS	1,163	8	0	8	0.7	0.7
TD	GLUCOCORTICOIDS	23,297	146	0	146	0.6	0.6
TD	GROWTH HORMONES	201	2	0	2	1.0	1.0
TD	HEMATINICS,OTHER	2,360	2	0	2	0.1	0.1
TD	HEPARIN AND RELATED PREPARATIONS	2,845	8	0	8	0.3	0.3
TD	HEPATITIS C TREATMENT AGENTS	584	56	0	56	9.6	9.6
TD	HYPERURICEMIA TX - PURINE INHIBITORS	5,033	2	0	2	0.0	0.0
TD	HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIB TYPE (N-S)	308	4	0	4	1.3	1.3
TD	HYPOGLYCEMICS, BIGUANIDE TYPE (NON-SULFONYLUREAS)	19,710	62	0	62	0.3	0.3
TD	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	24,769	152	0	152	0.6	0.6
TD	HYPOGLYCEMICS, INSULIN-RESPONSE ENHANCER (N-S)	13,848	34	0	34	0.2	0.2
TD	HYPOTENSIVES, ACE INHIBITORS	161,539	9,246	7,848	1,397	5.7	0.9
TD	HYPOTENSIVES,ANGIOTENSIN RECEPTOR ANTAGONIST	43,011	1,584	1,319	265	3.7	0.6
TD	HYPOTENSIVES,MISCELLANEOUS	5,892	90	77	13	1.5	0.2
TD	HYPOTENSIVES,SYMPATHOLYTIC	42,480	3,432	2,785	647	8.1	1.5
TD	HYPOTENSIVES,VASODILATORS	6,316	544	448	96	8.6	1.5

ATTACHMENT 2.1.B.-- Continued -- ProDUR Activity EDS ProDUR Report #: DUR-0012-A

-- Continued -- ATTACHMENT 2.1.B.9. -- Continued -- Therapeutic Duplication (TD)

DUR Screen	Therapeutic Category/Drug(s) (Hierarchical Ingredient)	# Claims Screened	# Alerts	# Over-rides	# Cancella-tions & Non-Responses	% Alerts /Total Rx	% Cancels / Total Rx
TD	IMMUNOSUPPRESSIVES	3,503	74	0	74	2.1	2.1
TD	INSULINS	35,404	732	0	732	2.1	2.1
TD	INTESTINAL MOTILITY STIMULANTS	8,140	10	0	10	0.1	0.1
TD	IRON REPLACEMENT	14,507	20	0	20	0.1	0.1
TD	LAXATIVES AND CATHARTICS	52,753	840	0	840	1.6	1.6
TD	LAXATIVES, LOCAL/RECTAL	3,676	6	0	6	0.2	0.2
TD	LINCOSAMIDES	6,833	150	115	35	2.2	0.5
TD	LIPOTROPICS	210,941	67,386	60,174	7,182	31.9	3.4
TD	LOOP DIURETICS	117,411	11,941	10,031	1,907	10.2	1.6
TD	MACROLIDES	49,213	674	581	93	1.4	0.2
TD	MULTIVITAMIN PREPARATIONS	36,282	98	0	98	0.3	0.3
TD	NIACIN PREPARATIONS	364	2	0	2	0.5	0.5
TD	NITROFURAN DERIVATIVES	5,029	26	0	26	0.5	0.5
TD	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	43,517	4,466	3,793	673	10.3	1.5
TD	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	136,864	10,394	8,693	1,700	7.6	1.2
TD	ORAL ANTICOAGULANTS,COUMARIN TYPE	21,226	734	0	734	3.5	3.5
TD	OXAZOLIDINONES	445	8	3	5	1.8	1.1
TD	PANCREATIC ENZYMES	1,038	8	0	8	0.8	0.8
TD	PARASYMPATHETIC AGENTS	676	2	0	2	0.3	0.3
TD	PENICILLINS	85,298	2,958	2,486	472	3.5	0.6
TD	PLATELET AGGREGATION INHIBITORS	21,006	64	0	64	0.3	0.3
TD	POTASSIUM REPLACEMENT	34,157	112	0	112	0.3	0.3
TD	POTASSIUM SPARING DIURETICS	20,829	581	476	105	2.8	0.5
TD	POTASSIUM SPARING DIURETICS IN COMBINATION	23,531	347	271	76	1.5	0.3
TD	PRENATAL VITAMIN PREPARATIONS	3,519	2	0	2	0.1	0.1
TD	PROGESTATIONAL AGENTS	1,231	4	0	4	0.3	0.3
TD	QUINOLONES	50,165	3,719	2,935	780	7.4	1.6
TD	SEDATIVE-HYPNOTICS,NON-BARBITURATE	22,373	118	0	118	0.5	0.5
TD	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	252,371	32,230	27,453	4,769	12.8	1.9
TD	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	53,334	4,263	3,601	660	8.0	1.2
TD	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	64,069	13,470	11,778	1,691	21.0	2.6
TD	SKELETAL MUSCLE RELAXANTS	24,679	148	0	148	0.6	0.6
TD	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	2,122	20	0	20	0.9	0.9
TD	SODIUM/SALINE PREPARATIONS	1,722	10	0	10	0.6	0.6
TD	SSRI &ANTIPSYCH,ATYP,DOPAMINE&SEROTONIN ANTAG COMB	433	2	0	2	0.5	0.5
TD	SYMPATHOMIMETIC AGENTS	1,342	4	0	4	0.3	0.3
TD	TETRACYCLINES	18,588	453	357	96	2.4	0.5
TD	THIAZIDE AND RELATED DIURETICS	48,178	1,132	910	222	2.3	0.5
TD	THYROID HORMONES	39,151	252	0	252	0.6	0.6
TD	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS	237	19	7	12	8.0	5.1
TD	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS	441	17	14	3	3.9	0.7
TD	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	47,084	5,437	4,546	890	11.5	1.9
TD	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	11,401	80	0	80	0.7	0.7
TD	TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE	3,947	44	0	44	1.1	1.1
TD	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	15,335	38	0	38	0.2	0.2
TD	VAGINAL ESTROGEN PREPARATIONS	700	2	0	2	0.3	0.3
TD	VANCOMYCIN AND DERIVATIVES	1,836	87	54	33	4.7	1.8
TD	VASODILATORS,CORONARY	49,852	11,100	9,571	1,521	22.3	3.1
TD	VITAMIN B PREPARATIONS	5,169	14	0	14	0.3	0.3
TD	VITAMIN D PREPARATIONS	823	2	0	2	0.2	0.2
TD	VITAMIN E PREPARATIONS	2,817	6	0	6	0.2	0.2
TD	XANTHINES	3,356	14	0	14	0.4	0.4
TD	**THERAPEUTIC DUPLICATION TOTAL**	**3,986,019**	**513,713**	**439,587**	**73,982**		

ATTACHMENT 2.1.C. ProDUR ACTIVITY: DUR SCREEN BY INTERVENTION SUMMARY

EDS ProDUR Report #: DUR-0013-A

Time Period: 10/14/2005 to 10/10/2006

DUR Screen or DUR Conflict Code	DUR Screen Description OR DUR Conflict Description	*PHARMACIST'S INTERVENTION CODES*					
		Prescriber Consulted (M0)		Patient Consulted (P0)		Other Source Consulted (R0)	
		% Overrides	% Cancellations	% Overrides	% Cancellations	% Overrides	% Cancellations
DD	DRUG-DRUG INTERACTION	27.4%	0.2%	0.1%	0.0%	2.3%	0.4%
ER	OVERUSE - EARLY REFILL ALERT	7.3%	0.1%	0.1%	0.01%	1.4%	1.2%
HD	OVERUSE - HIGH DOSE ALERT	32.6%	0.0%	1.9%	0.0%	50.6%	0.1%
LD	LOW DOSE ALERT	14.1%	0.0%	1.1%	0.0%	18.6%	0.0%
LR	LATE REFILL	33.8%	0.0%	2.3%	0.0%	47.1%	0.0%
MC	DRUG-DISEASE CONTRAINDICATION	21.8%	0.0%	1.5%	0.0%	25.8%	0.2%
PA	DRUG-AGE	11.7%	0.0%	0.4%	0.0%	20.5%	0.6%
PG	DRUG-PREGNANCY	17.6%	0.0%	1.7%	0.0%	20.9%	0.0%
TD	THERAPEUTIC DUPLICATION	37.7%	0.0%	2.9%	0.0%	46.2%	0.0%

ATTACHMENT 2.1.D. ProDUR ACTIVITY: DUR SCREEN BY OUTCOME SUMMARY

EDS ProDUR Report #: DUR-0013-B

Time Period: 10/14/2005 to 10/10/2006

DUR Conflict (or DUR Screen)	OUTCOMES (OUTCOME OVERRIDES)						
	1A FALSE Positive	1B Filled As Is	1C Diff Dose	1D Diff Direct	1E Diff Drug	1F Diff Qty	1G Prescriber Consulted, Approval
Drug-Drug Interaction (DD)	5	2,499	1	1	1	0	103
Early Refill - Overuse (ER)	200	34,080	334	681	16	20	1,454
High Dose Alert (HD)	1,215	39,488	138	198	20	11	7,638
Low Dose (LD)	398	13,806	458	72	66	2	2,562
Late Refill (LR)	462	21,519	255	107	78	2	4,043
Drug-Disease (MC)	2,137	69,512	911	354	391	26	13,748
Drug- Age (PA)	30	1,195	22	5	3	0	235
Drug-Pregnancy (PG)	3	85	0	0	0	0	23
Therapeutic Duplication (TD)	10,288	311,559	4,747	777	2,335	90	67,263
SUM OF ALL CONFLICTS	**14,738**	**493,743**	**6,866**	**2,195**	**2,910**	**151**	**97,069**

ATTACHMENT 2.1.E ProDUR REPORT: DUR SCREEN BY PHARMACIST INTERVENTION & OUTCOME OVERRIDES

EDS ProDUR Report #: DUR-0014-A									
DUR Conflict (or DUR Screen)	DUR Conflict Code / Interven-tion Codes	Intervention Description	OUTCOMES (OUTCOME OVERRIDES) 1A FALSE Positive	1B Filled As Is	1C Diff Dose	1D Diff Direct	1E Diff Drug	1F Diff Qty	1G Prescriber Consulted, Approval
Drug-Drug Interaction (DD)	**DD**	**DD – SUM**	**5**	**2,499**	**1**	**1**	**1**	**0**	**103**
	M0	Prescriber Consulted	1	2,302	0	1	0	0	93
	P0	Patient Consulted	1	5	0	0	0	0	0
	R0	Other Source Consulted	3	192	1	0	1	0	10
Early Refill - Overuse (ER)	**ER**	**ER – SUM**	**200**	**34,080**	**334**	**681**	**16**	**20**	**1,454**
	M0	Prescriber Consulted	113	28,536	178	379	11	12	1,242
	P0	Patient Consulted	14	189	6	11	0	1	10
	R0	Other Source Consulted	73	5,355	150	291	5	7	202
High Dose Alert (HD)	**HD**	**HD – SUM**	**1,215**	**39,488**	**138**	**198**	**20**	**11**	**7,638**
	M0	Prescriber Consulted	801	11,342	85	143	6	5	5,943
	P0	Patient Consulted	31	1,056	2	1	0	0	26
	R0	Other Source Consulted	383	27,090	51	54	14	6	1,669
Low Dose Alert (LD)	**LD**	**LD – SUM**	**398**	**13,806**	**458**	**72**	**66**	**2**	**2,562**
	M0	Prescriber Consulted	298	4,772	57	34	36	2	2,136
	P0	Patient Consulted	29	495	3	1	1	0	19
	R0	Other Source Consulted	71	8,539	398	37	29	0	407
Late Refill - Underuse (LR)	**LR**	**LR – SUM**	**462**	**21,519**	**255**	**107**	**78**	**2**	**4,043**
	M0	Prescriber Consulted	290	6,624	79	77	34	1	3,383
	P0	Patient Consulted	41	660	10	3	0	0	23
	R0	Other Source Consulted	131	14,235	166	27	44	1	637
Drug-Disease Contraindi-cation (MC)	**MC**	**MC – SUM**	**2,137**	**69,512**	**911**	**354**	**391**	**26**	**13,748**
	M0	Prescriber Consulted	1,450	24,779	233	244	201	20	11,465
	P0	Patient Consulted	123	2,381	24	8	10	1	100
	R0	Other Source Consulted	564	42,352	654	102	180	5	2,183
Drug-Age or Pediatric Alert (PA)	**PA**	**PA – SUM**	**30**	**1,195**	**22**	**5**	**3**	**0**	**235**
	M0	Prescriber Consulted	30	340	5	3	2	0	173
	P0	Patient Consulted	0	32	0	0	0	0	0
	R0	Other Source Consulted	10	823	17	2	1	0	62
Drug-Gender or Pregnancy Alert (PG)	**PG**	**PG – SUM**	**3**	**85**	**0**	**0**	**0**	**0**	**23**
	M0	Prescriber Consulted	1	27	0	0	0	0	21
	P0	Patient Consulted	0	6	0	0	0	0	0
	R0	Other Source Consulted	2	52	0	0	0	0	2
Therapeutic Duplication (TD)	**TD**	**TD – SUM**	**10,288**	**311,559**	**4,747**	**777**	**2,335**	**90**	**67,263**
	M0	Prescriber Consulted	7,438	103,406	952	539	1,140	71	56,002
	P0	Patient Consulted	595	12,060	105	23	46	3	580
	R0	Other Source Consulted	2,255	196,093	3,690	215	1,149	16	10,681
SUM OF ALL CONFLICTS			**14,738**	**493,743**	**6,866**	**2,195**	**2,910**	**151**	**97,069**

ATTACHMENT 2.1.F

Attachment 2.1.F(1) ProDUR REPORT BY DRUG COMBINATIONS INVOLVED IN DUR SCREENING: DRUG-DRUG INTERACTION

EDS ProDUR Report #: DUR-0015-A

DUR Screen	Therapeutic Category	# Claims Screened	# Alerts	#Over-rides	# Cancella-tion & Non-Response	% Alerts / Rx	Cancels / Rx	% Cancels/ Rx	Amount Paid (Total)	Rx Count	Count Unique Utilizers	Amount Paid Per Utilizers	Average Amount Pd Per Rx
DD	1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB	707	15	2	13	2.1	1.8	1.80%	$87,938	6,223	5,777	$15.22	$14.13
DD	1ST GENERATION ANTIHISTAMINE-ANTICHOLINERGIC COMB.	2	1	1	0	50	0	0.00%	$481	18	18	$26.72	$26.72
DD	ABSORBABLE SULFONAMIDES	11,720	22	2	20	0.2	0.2	0.20%	$160,974	25,889	23,572	$6.83	$6.22
DD	ACNE AGENTS,SYSTEMIC	60	10	3	7	16.7	11.7	11.70%	$42,012	126	113	$371.78	$333.43
DD	ADRENERGIC VASOPRESSOR AGENTS	180	4	0	4	2.2	2.2	2.20%	$108,656	718	669	$162.42	$151.33
DD	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	11,756	7	3	4	0.1	0	0.00%	$3,177,265	36,046	29,306	$108.42	$88.14
DD	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	19,400	20	7	13	0.1	0.1	0.10%	$784,780	29,241	26,650	$29.45	$26.84
DD	AMINOGLYCOSIDES	1,759	33	15	18	1.9	1	1.00%	$895,135	2,571	1,650	$542.51	$348.17
DD	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	7,737	23	1	22	0.3	0.3	0.30%	$46,561	9,842	9,048	$5.15	$4.73
DD	ANALGESIC/ANTIPYRETICS, SALICYLATES	67,521	7	4	3	0	0	0.00%	$189,297	169,245	156,997	$1.21	$1.12
DD	ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION	1,034	5	0	5	0.5	0.5	0.50%	$136,750	2,702	2,207	$61.96	$50.61
DD	ANALGESICS,NARCOTICS	537,456	424	164	256	0.1	0	0.00%	$17,426,219	451,693	279,474	$62.35	$38.58
DD	ANAPHYLAXIS THERAPY AGENTS	58	1	0	1	1.7	1.7	1.70%	$83,810	1,237	1,196	$70.08	$67.75
DD	ANTIANGINAL & ANTI-ISCHEMIC AGENTS,NON-HEMODYNAMIC	48	10	2	8	20.8	16.7	16.70%	$9,494	49	49	$193.77	$193.76
DD	ANTI-ANXIETY DRUGS	336,493	64	31	33	0	0	0.00%	$2,592,262	285,788	239,122	$10.84	$9.07
DD	ANTIARRHYTHMICS	7,963	421	143	278	5.3	3.5	3.50%	$183,028	6,731	6,308	$29.02	$27.19
DD	ANTICHOLINERGICS/ANTISPASMODICS	3,425	80	13	66	2.3	1.9	1.90%	$43,821	6,661	6,222	$7.04	$6.58
DD	ANTICONVULSANTS	255,081	32	24	8	0	0	0.00%	$37,711,394	384,032	259,763	$145.18	$98.20
DD	ANTIDIARRHEALS	11,762	100	7	92	0.9	0.8	0.80%	$129,453	15,361	13,249	$9.77	$8.43
DD	ANTIEMETIC/ANTIVERTIGO AGENTS	11,227	10	0	10	0.1	0.1	0.10%	$2,351,269	24,680	20,104	$116.96	$95.27
DD	ANTIFUNGAL AGENTS	19,320	466	93	373	2.4	1.9	1.90%	$665,942	16,384	14,727	$45.22	$40.65
DD	ANTIHISTAMINES - 1ST GENERATION	28,416	7	0	7	0	0	0.00%	$948,294	70,988	59,858	$15.84	$13.36
DD	ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE	527	191	80	111	36.2	21.1	21.10%	$58,001	287	255	$227.45	$202.09
DD	ANTIMIGRAINE PREPARATIONS	11,109	89	18	71	0.8	0.6	0.60%	$1,273,492	9,109	8,313	$153.19	$139.81
DD	ANTI-MYCOBACTERIUM AGENTS	528	20	15	5	3.8	0.9	0.90%	$28,317	752	610	$46.42	$37.66
DD	ANTI-NARCOLEPSY & ANTI-CATAPLEXY,SEDATIVE-TYPE AGT	74	55	33	22	74.3	29.7	29.70%	$38,754	72	66	$587.18	$538.25
DD	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	276	11	5	6	4	2.2	2.20%	$1,651,100	580	545	$3,029.54	$2,846.72
DD	ANTINEOPLASTICS,MISCELLANEOUS	3,407	56	21	35	1.6	1	1.00%	$790,978	3,217	3,079	$256.89	$245.87
DD	ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC	6,016	146	18	128	2.4	2.1	2.10%	$222,855	26,586	23,547	$9.46	$8.38
DD	ANTIPARKINSONISM DRUGS,OTHER	23,023	329	193	136	1.4	0.6	0.60%	$1,568,890	22,252	17,544	$89.43	$70.51
DD	ANTIPRURITICS,TOPICAL	97	14	4	10	14.4	10.3	10.30%	$12,760	440	325	$39.26	$29.00
DD	ANTIPSORIATIC AGENTS,SYSTEMIC	6	3	1	2	50	33.3	33.30%	$127,109	130	118	$1,077.20	$977.76
DD	ANTIPSYCH,DOPAMINE ANTAG.,DIPHENYLBUTYLPIPERIDINES	175	106	42	64	60.6	36.6	36.60%	$10,927	141	126	$86.72	$77.50
DD	ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG	263,146	664	110	554	0.3	0.2	0.20%	$60,062,360	231,353	162,351	$369.95	$259.61
DD	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES	9,669	40	16	24	0.4	0.2	0.20%	$250,700	11,164	8,800	$28.49	$22.46
DD	ANTI-PSYCHOTICS,PHENOTHIAZINES	15,031	1,025	440	584	6.8	3.9	3.90%	$312,489	12,617	9,763	$32.01	$24.77
DD	ANTISPASMODIC AGENTS	22	3	0	3	13.6	13.6	13.60%	$1,408	57	54	$26.07	$24.70
DD	ANTITUBERCULAR ANTIBIOTICS	247	9	0	9	3.6	3.6	3.60%	$22,566	481	413	$54.64	$46.91
DD	ANTITUSSIVES,NON-NARCOTIC	1,010	1	1	0	0.1	0	0.00%	$189,412	8,656	7,917	$23.92	$21.88
DD	ANTI-ULCER-H.PYLORI AGENTS	41	5	1	4	12.2	9.8	9.80%	$36,879	145	141	$261.56	$254.34
DD	ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB	5	2	1	1	40	20	20.00%	$26,613	27	27	$985.68	$985.67
DD	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	2,368	22	22	0	0.9	0	0.00%	$943,879	2,149	2,012	$469.12	$439.22
DD	ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI	855	4	4	0	0.5	0	0.00%	$796,566	2,668	1,718	$463.66	$298.56
DD	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB	893	33	17	16	3.7	1.8	1.80%	$865,138	1,297	1,211	$714.40	$667.03
DD	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	2,843	78	32	46	2.7	1.6	1.60%	$1,537,488	2,575	1,600	$960.93	$597.08
DD	ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&NON-NUCLEOSIDE RTI	49	2	0	2	4.1	4.1	4.10%	$73,201	61	59	$1,240.70	$1,200.02
DD	BELLADONNA ALKALOIDS	1,337	62	11	51	4.6	3.8	3.80%	$149,054	5,719	5,254	$28.37	$26.06
DD	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	639	1	0	1	0.2	0.2	0.20%	$904,707	12,702	11,210	$80.71	$71.23
DD	BETA-ADRENERGIC AGENTS	137,138	61	28	33	0	0	0.00%	$3,884,896	121,701	94,820	$40.97	$31.92
DD	BETA-ADRENERGIC BLOCKING AGENTS	135,104	187	100	87	0.1	0.1	0.10%	$2,381,945	129,365	120,096	$19.83	$18.41
DD	BETA-ADRENERGICS AND GLUCOCORTICOIDS COMBINATION	9,861	39	0	39	0.4	0.4	0.40%	$4,612,151	28,834	27,881	$165.42	$159.96
DD	CALCIUM CHANNEL BLOCKING AGENTS	68,802	26	18	8	0	0	0.00%	$4,366,661	90,648	84,042	$51.96	$48.17
DD	CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.	679	12	1	11	1.8	1.6	1.60%	$27,834	983	919	$30.29	$28.32
DD	GASTRIC ACID SECRETION REDUCERS	197,756	26	5	21	0	0	0.00%	$16,026,555	269,870	241,176	$66.45	$59.39
DD	GENERAL BRONCHODILATOR AGENTS	9,377	15	10	5	0.2	0.1	0.10%	$1,718,665	27,714	22,900	$75.05	$62.01
DD	HYPERURICEMIA TX - PURINE INHIBITORS	576	1	0	1	0.2	0.2	0.20%	$56,322	10,464	9,897	$5.69	$5.38
DD	HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS	528	6	0	6	1.1	1.1	1.10%	$145,093	2,075	1,965	$73.84	$69.92
DD	HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIB TYPE (N-S)	528	18	0	18	3.4	3.4	3.40%	$45,723	663	620	$73.75	$68.96
DD	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	44,918	18	13	5	0	0	0.00%	$1,173,084	50,595	46,007	$25.50	$23.19
DD	HYPOTENSIVES,ANGIOTENSIN RECEPTOR ANTAGONIST	23,523	9	5	4	0	0	0.00%	$2,160,450	36,144	34,113	$63.33	$59.77
DD	IMMUNOSUPPRESSIVES	11,076	76	45	31	0.7	0.3	0.30%	$3,324,082	9,339	6,061	$548.44	$355.94
DD	INFLUENZA VIRUS VACCINES	2,758	136	4	132	4.9	4.8	4.80%	$66,362	3,807	3,741	$17.74	$17.43
DD	INTESTINAL MOTILITY STIMULANTS	20,912	43	5	38	0.2	0.2	0.20%	$189,329	23,509	21,718	$8.72	$8.05
DD	KETOLIDES	268	45	9	36	16.8	13.4	13.40%	$8,935	207	193	$46.30	$43.16
DD	LINEZOLID (ZYVOX)	1,496	4	0	4	0.3	0.3	0.30%	$486,590	438	348	$1,398.25	$1,110.94
DD	LIPOTROPICS	197,222	85	18	66	0	0	0.00%	$17,678,960	189,693	160,045	$110.46	$93.20

ATTACHMENT 2.1.F ProDUR REPORT BY DRUG COMBINATIONS INVOLVED IN DUR SCREENING:

Attachment 2.1.F(1) --Continued -- DRUG-DRUG INTERACTION

EDS ProDUR Report #: DUR-0015-A

DUR Screen	Therapeutic Category	# Claims Screened	# Alerts	#Over-rides	# Cancella-tion & Non-Response	% Alerts / Rx	Cancels / Rx	% Cancels/ Rx	Amount Paid (Total)	Rx Count	Count Unique Utilizers	Amount Paid Per Utilizers
DD	LOOP DIURETICS	95,340	33	11	22	0	0	0.00%	$687,877	106,490	96,113	$7.16
DD	MACROLIDES	49,213	329	18	311	0.7	0.6	0.60%	$1,695,491	43,890	41,349	$41.00
DD	MAOIS - NON-SELECTIVE & IRREVERSIBLE	53	17	4	13	32.1	24.5	24.50%	$4,912	87	77	$63.79
DD	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	10,389	2	0	2	0	0	0.00%	$903,927	16,941	12,325	$73.34
DD	MONOAMINE OXIDASE(MAO) INHIBITORS	28	24	4	20	85.7	71.4	71.40%	$4,739	16	16	$296.17
DD	NARCOTIC ANTAGONISTS	936	76	8	68	8.1	7.3	7.30%	$90,831	1,159	1,041	$87.25
DD	NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	2,924	2	0	2	0.1	0.1	0.10%	$107,016	10,047	8,706	$12.29
DD	NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.	83	3	0	3	3.6	3.6	3.60%	$5,497	529	445	$12.35
DD	NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION	1,724	1	0	1	0.1	0.1	0.10%	$177,985	14,202	12,127	$14.68
DD	NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	1,555	3	0	3	0.2	0.2	0.20%	$245,064	10,462	9,911	$24.73
DD	NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.	15,573	27	0	27	0.2	0.2	0.20%	$252,667	23,914	20,610	$12.26
DD	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	38,610	27	20	7	0.1	0	0.00%	$3,644,861	38,233	34,678	$105.11
DD	NOSE PREPARATIONS, MISCELLANEOUS (RX)	63	7	1	6	11.1	9.5	9.50%	$18,188	739	695	$26.17
DD	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	136,864	632	83	539	0.5	0.4	0.40%	$3,050,031	121,114	110,731	$27.54
DD	ORAL ANTICOAGULANTS,COUMARIN TYPE	32,911	25	8	17	0.1	0.1	0.10%	$484,400	45,255	29,828	$16.24
DD	OXAZOLIDINONES	950	919	196	723	96.7	76.1	76.10%	$486,590	438	348	$1,398.25
DD	PENICILLINS	21,541	2	0	2	0	0	0.00%	$1,663,930	75,656	68,730	$24.21
DD	PITUITARY SUPPRESSIVE AGENTS	565	8	4	4	1.4	0.7	0.70%	$49,547	234	224	$221.19
DD	POTASSIUM REPLACEMENT	38,536	672	110	560	1.7	1.5	1.50%	$1,087,888	76,781	70,687	$15.39
DD	POTASSIUM SPARING DIURETICS	15,966	39	7	32	0.2	0.2	0.20%	$337,962	18,766	17,601	$19.20
DD	POTASSIUM SPARING DIURETICS IN COMBINATION	1,490	1	0	1	0.1	0.1	0.10%	$101,858	20,253	19,244	$5.29
DD	PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB	17	4	2	2	23.5	11.8	11.80%	$64,665	107	97	$666.65
DD	PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST	67	5	4	1	7.5	1.5	1.50%	$450,327	136	130	$3,464.06
DD	QUINOLONES	50,165	325	19	305	0.6	0.6	0.60%	$2,609,178	44,560	36,708	$71.08
DD	SEDATIVE-HYPNOTICS,NON-BARBITURATE	71,035	51	14	37	0.1	0.1	0.10%	$4,481,200	75,675	66,750	$67.13
DD	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)	1,624	18	8	10	1.1	0.6	0.60%	$35,103	2,084	1,982	$17.71
DD	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	252,371	513	250	259	0.2	0.1	0.10%	$13,175,720	223,613	200,386	$65.75
DD	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	14,636	9	9	0	0.1	0	0.00%	$324,727	46,874	42,567	$7.63
DD	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	52,744	95	11	84	0.2	0.2	0.20%	$7,017,965	56,349	48,587	$144.44
DD	SKELETAL MUSCLE RELAXANTS	92,085	87	21	66	0.1	0.1	0.10%	$1,941,319	82,749	71,444	$27.17
DD	SYMPATHOMIMETIC AGENTS	493	1	0	1	0.2	0.2	0.20%	$12,344	6,414	5,802	$2.13
DD	TETRACYCLINES	3,820	39	8	31	1	0.8	0.80%	$369,977	17,880	16,396	$22.57
DD	TOPICAL ANTIBIOTICS	10,127	3	0	3	0	0	0.00%	$568,130	43,801	37,175	$15.28
DD	TOPICAL ANTIFUNGALS	4,404	24	1	19	0.5	0.4	0.40%	$729,516	39,313	31,394	$23.24
DD	TOPICAL IMMUNOSUPPRESSIVE AGENTS	900	15	0	15	1.7	1.7	1.70%	$282,517	2,731	2,487	$113.60
DD	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS	54	4	0	4	7.4	7.4	7.40%	$13,635	329	318	$42.88
DD	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	47,084	141	112	29	0.3	0.1	0.10%	$325,160	40,828	37,230	$8.73
DD	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	16,160	3	2	1	0	0	0.00%	$5,119,809	48,767	39,971	$128.09
DD	URINARY PH MODIFIERS	239	1	0	1	0.4	0.4	0.40%	$40,374	1,295	1,155	$34.96
DD	URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.	287	29	6	23	10.1	8	8.00%	$155,891	1,641	1,517	$102.76
DD	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	26,095	364	62	302	1.4	1.2	1.20%	$2,413,903	35,907	32,409	$74.48
DD	VACCINE/TOXOID PREPARATIONS,COMBINATIONS	4	2	1	1	50	25	25.00%	$5,561	207	169	$32.91
DD	VAGINAL ANTIFUNGALS	236	1	0	1	0.4	0.4	0.40%	$62,446	3,221	3,058	$20.42
DD	VASODILATORS,CORONARY	8,633	2	0	2	0	0	0.00%	$453,692	43,169	37,191	$12.20
DD	VITAMIN A DERIVATIVES	322	68	16	52	21.1	16.1	16.10%	$87,930	1,480	1,403	$62.67
DD	1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	825	1	0	1	0.1	0.1	0.10%	$167,756	6,374	6,020	$27.87
Total		**3658781**	**10194**	**2881**	**7284**	**851.7**	**544.9**	**544.90%**	**$254,094,221**	**4,348,221**		**$23,962.70**

ATTACHMENT 2.1.F
Attachment 2.1.F(2) ProDUR REPORT BY DRUG COMBINATIONS INVOLVED IN DUR SCREENING: DRUG-DISEASE ALERT

EDS ProDUR Report #: DUR-0015-A

DUR Screen	Therapeutic Category	# Claims Screened	# Alerts	#Over-rides	# Cancella-tion & Non-Response	% Alerts / Rx	Cancels / Rx	% Cancels/ Rx	Amount Paid (Total)	Rx Count	Average Amount Pd Per Rx	**Amount Pd Per DENIED Rx's**
MC	1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	7,522	50	19	31	0.7	0.4	0.40%	$167,756	6,374	$26.32	$815.92
MC	1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB	6,569	54	4	49	0.8	0.7	0.70%	$87,938	6,223	$14.13	$692.37
MC	1ST GENERATION ANTIHISTAMINE-ANALGESIC, NON-SAL.	60	7	1	6	11.7	10	10.00%			$18.49	$110.94
MC	1ST GENERATION ANTIHISTAMINE-ANTICHOLINERGIC COMB.	2	1	1	0	50	0	0.00%	$481	18	$26.72	$0.00
MC	2ND GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	6,102	101	3	96	1.7	1.6	1.60%	$204,373	4,873	$41.94	$4,026.24
MC	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	13,562	67	32	35	0.5	0.3	0.30%	$894,183	12,072	$74.07	$2,592.45
MC	ACNE AGENTS,SYSTEMIC	39	4	1	3	10.3	7.7	7.70%	$42,012	126	$333.43	$1,000.29
MC	ADRENERGIC VASOPRESSOR AGENTS	389	4	0	4	1	1	1.00%	$108,656	718	$151.33	$605.32
MC	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	40,545	1,046	297	741	2.6	1.8	1.80%	$3,177,265	36,046	$88.14	$65,311.74
MC	AGENTS TO TREAT MULTIPLE SCLEROSIS	4,445	125	33	92	2.8	2.1	2.10%	$4,968,041	3,587	$1,385.01	$127,420.92
MC	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	20,560	144	83	60	0.7	0.3	0.30%	$1,497,864	17,703	$84.61	$5,076.60
MC	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	31,149	1,251	617	631	4	2	2.00%	$784,780	29,241	$26.84	$16,936.04
MC	AMINOGLYCOSIDES	1,848	71	24	47	3.8	2.5	2.50%	$895,135	2,571	$348.17	$16,363.99
MC	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	4,069	19	2	16	0.5	0.4	0.40%	$46,561	9,842	$4.73	$75.68
MC	ANALGESIC, NON-SAL.- 1ST GENERATION ANTIHISTAMINE	322	7	0	7	2.2	2.2	2.20%	$13,637	740	$18.43	$129.01
MC	ANALGESIC/ANTIPYRETICS, SALICYLATES	174,413	211	137	74	0.1	0	0.00%	$189,297	169,245	$1.12	$82.88
MC	ANALGESIC/ANTIPYRETICS,NON-SALICYLATE	152,802	492	182	308	0.3	0.2	0.20%	$445,112	143,958	$3.09	$951.72
MC	ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION	3,149	137	36	94	4.4	3	3.00%	$136,750	2,702	$50.61	$4,757.34
MC	ANALGESICS,NARCOTICS	537,456	62,678	50,296	12,255	11.7	2.3	2.30%	$17,426,219	451,693	$38.58	$472,795.27
MC	ANAPHYLAXIS THERAPY AGENTS	430	4	0	4	0.9	0.9	0.90%	$83,810	1,237	$67.75	$271.00
MC	ANDROGENIC AGENTS	1,766	16	5	10	0.9	0.6	0.60%	$440,902	1,815	$242.92	$2,429.20
MC	ANTACIDS	30,477	76	15	54	0.2	0.2	0.20%	$131,661	30,733	$4.28	$231.12
MC	ANTI-ALCOHOLIC PREPARATIONS	1,451	27	5	22	1.9	1.5	1.50%	$108,946	1,376	$79.18	$1,741.96
MC	ANTI-ANXIETY DRUGS	336,493	13,130	2,363	10,647	3.9	3.2	3.20%	$2,592,262	285,788	$9.07	$96,568.29
MC	ANTIARRHYTHMICS	7,963	265	40	221	3.3	2.8	2.80%	$183,028	6,731	$27.19	$6,008.99
MC	ANTICHOLINERGICS,QUATERNARY AMMONIUM	3,285	54	16	37	1.6	1.1	1.10%	$237,257	2,973	$79.80	$2,952.60
MC	ANTICHOLINERGICS/ANTISPASMODICS	7,512	229	24	202	3	2.7	2.70%	$43,821	6,661	$6.58	$1,329.16
MC	ANTICOAGULANTS,COUMARIN TYPE	2,388	130	44	86	5.4	3.6	3.60%	$484,400	45,255	$10.70	$920.20
MC	ANTICONVULSANTS	443,438	7,721	684	6,951	1.7	1.6	1.60%	$37,711,394	384,032	$98.20	$682,588.20
MC	ANTIDIARRHEALS	16,959	332	46	284	2	1.7	1.70%	$129,453	15,361	$8.43	$2,394.12
MC	ANTIDIURETIC AND VASOPRESSOR HORMONES	7,884	172	30	141	2.2	1.8	1.80%	$1,154,989	6,650	$173.68	$24,488.88
MC	ANTIEMETIC/ANTIVERTIGO AGENTS	29,576	268	58	200	0.9	0.7	0.70%	$2,351,269	24,680	$95.27	$19,054.00
MC	ANTIFUNGAL AGENTS	3,063	1	0	1	0	0	0.00%	$665,942	16,384	$40.65	$40.65
MC	ANTIHISTAMINES - 1ST GENERATION	78,368	913	97	807	1.2	1	1.00%	$948,294	70,988	$13.36	$10,781.52
MC	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	2,580	45	7	37	1.7	1.4	1.40%	$2,783,778	1,948	$1,429.04	$52,874.48
MC	ANTILEPROTICS	96	2	0	1	2.1	1	1.00%	$410,626	613	$669.86	$669.86
MC	ANTIMALARIAL DRUGS	3,200	1	0	1	0	0	0.00%	$184,825	11,978	$15.43	$15.43
MC	ANTI-MANIA DRUGS	14,946	16	0	14	0.1	0.1	0.10%	$278,342	15,301	$18.19	$254.66
MC	ANTIMETABOLITES	368	2	0	2	0.5	0.5	0.50%	$381,929	4,827	$79.12	$158.24
MC	ANTIMIGRAINE PREPARATIONS	11,109	527	361	165	4.7	1.5	1.50%	$1,273,492	9,109	$139.81	$23,068.65

ATTACHMENT 2.1.F ProDUR REPORT BY DRUG COMBINATIONS INVOLVED IN DUR SCREENING:

Attachment 2.1.F(2) --Continued-- DRUG-DISEASE ALERT

EDS ProDUR Report #: DUR-0015-A

DUR Screen	Therapeutic Category	# Claims Screened	# Alerts	#Over-rides	# Cancella-tion & Non-Response	% Alerts / Rx	Cancels / Rx	% Cancels/ Rx	Amount Paid (Total)	Rx Count	Average Amount Pd Per Rx	**Average Amount Pd Per DENIED Rx's**
MC	ANTI-MYCOBACTERIUM AGENTS	140	2	1	1	1.4	0.7	0.70%	$28,317	752	$37.66	$37.66
MC	ANTI-NARCOLEPSY & ANTI-CATAPLEXY,SEDATIVE-TYPE AGT	58	10	2	8	17.2	13.8	13.80%	$38,754	72	$538.25	$4,306.00
MC	ANTINEOPLASTICS,MISCELLANEOUS	698	2	0	2	0.3	0.3	0.30%	$790,978	3,217	$245.87	$491.74
MC	ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC	29,446	940	60	867	3.2	2.9	2.90%	$222,855	26,586	$8.38	$7,265.46
MC	ANTIPARKINSONISM DRUGS,OTHER	23,817	307	32	274	1.3	1.2	1.20%	$1,568,890	22,252	$70.51	$19,319.74
MC	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	41,256	1,023	80	935	2.5	2.3	2.30%	$12,257,912	35,535	$344.95	$322,528.25
MC	ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS	996	62	2	59	6.2	5.9	5.90%	$79,128	884	$89.51	$5,281.09
MC	ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG	263,146	8,569	1,073	7,386	3.3	2.8	2.80%	$60,062,360	231,353	$259.61	$1,917,479.46
MC	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES	2,053	116	18	94	5.7	4.6	4.60%	$26,328	1,789	$14.72	$1,383.68
MC	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES	12,688	668	81	572	5.3	4.5	4.50%	$250,700	11,164	$22.46	$12,847.12
MC	ANTIPSYCHOTICS,DOPAMINE ANTAGONST,DIHYDROINDOLONES	43	1	0	1	2.3	2.3	2.30%	$34,350	203	$169.21	$169.21
MC	ANTI-PSYCHOTICS,PHENOTHIAZINES	15,031	2,695	1,784	901	17.9	6	6.00%	$312,489	12,617	$24.77	$22,317.77
MC	ANTISPASMODIC AGENTS	29	4	0	4	13.8	13.8	13.80%	$1,408	57	$24.70	$98.80
MC	ANTI-ULCER PREPARATIONS	1,156	2	0	2	0.2	0.2	0.20%	$95,996	3,672	$26.14	$52.28
MC	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	2,202	23	4	19	1	0.9	0.90%	$943,879	2,149	$439.22	$8,345.18
MC	APPETITE STIM. FOR ANOREXIA,CACHEXIA,WASTING SYND.	2,169	17	2	15	0.8	0.7	0.70%	$618,879	4,133	$149.74	$2,246.10
MC	APPETITE STIMULANTS	1,096	9	1	8	0.8	0.7	0.70%			49.74	$397.92
MC	BARBITURATES	25,655	223	11	212	0.9	0.8	0.80%	$144,846	23,115	$6.27	$1,329.24
MC	BELLADONNA ALKALOIDS	6,494	132	10	122	2	1.9	1.90%	$149,054	5,719	$26.06	$3,179.32
MC	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	9,426	38	1	37	0.4	0.4	0.40%	$904,707	12,702	$71.23	$2,635.51
MC	BETA-ADRENERGIC AGENTS	143,890	6,123	1,673	4,386	4.3	3	3.00%	$3,884,896	121,701	$31.92	$140,001.12
MC	BETA-ADRENERGIC BLOCKING AGENTS	146,773	7,270	3,321	3,927	5	2.7	2.70%	$2,381,945	129,365	$18.41	$72,296.07
MC	BETA-ADRENERGICS AND GLUCOCORTICOIDS COMBINATION	31,899	352	35	315	1.1	1	1.00%	$4,612,151	28,834	$159.96	$50,387.40
MC	BICARBONATE PRODUCING/CONTAINING AGENTS	163	17	6	11	10.4	6.7	6.70%	$102,665	2,069	$49.62	$545.82
MC	BULK CHEMICALS	8	1	0	1	12.5	12.5	12.50%	$229,505	4,476	$51.27	$51.27
MC	CALCIUM CHANNEL BLOCKING AGENTS	98,066	52	28	24	0.1	0	0.00%	$4,366,661	90,648	$48.17	$1,156.08
MC	CALCIUM REPLACEMENT	21,346	4	1	3	0	0	0.00%	$476,029	141,608	$3.36	$10.08
MC	CARBAPENEMS (THIENAMYCINS)	131	2	0	1	1.5	0.8	0.80%	$402,061	963	$417.51	$417.51
MC	CARBONIC ANHYDRASE INHIBITORS	1,570	23	5	18	1.5	1.1	1.10%	$43,443	1,708	$25.44	$457.92
MC	CENTRAL NERVOUS SYSTEM STIMULANTS	91	4	4	0	4.4	0	0.00%	$4,818	144	$33.46	$0.00
MC	CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.	134	4	1	3	3	2.2	2.20%	$27,834	983	$28.32	$84.96
MC	CHOLINESTERASE INHIBITORS	28,488	274	27	244	1	0.9	0.90%	$3,932,154	29,679	$132.49	$32,327.56
MC	CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	491	13	4	9	2.6	1.8	1.80%	$23,230	517	$44.93	$404.37
MC	CONTRACEPTIVES,INJECTABLE	4,535	109	21	86	2.4	1.9	1.90%	$208,301	3,993	$52.17	$4,486.62
MC	CONTRACEPTIVES,ORAL	24,725	772	85	684	3.1	2.8	2.80%	$802,782	22,299	$36.00	$24,624.00
MC	CONTRACEPTIVES,TRANSDERMAL	3,787	115	16	99	3	2.6	2.60%	$150,769	3,257	$46.29	$4,582.71
MC	DECONGESTANT-ANTICHOLINERGIC COMBINATIONS	5	1	0	1	20	20	20.00%	$676	16	$42.25	$42.25
MC	DECONGESTANT-EXPECTORANT COMBINATIONS	13,660	170	10	158	1.2	1.2	1.20%	$263,061	11,520	$22.84	$3,608.72
MC	ESTROGENIC AGENTS	32,636	611	53	548	1.9	1.7	1.70%	$957,529	28,828	$33.22	$18,204.56
MC	EXPECTORANT COMBINATIONS OTHER	5	1	0	1	20	20	20.00%	$2,278	44	$51.77	$51.77
MC	EYE VASOCONSTRICTORS (OTC ONLY)	129	6	6	0	4.7	0	0.00%	$2,204	194	$11.36	$0.00
MC	EYE VASOCONSTRICTORS (RX ONLY)	49	10	10	0	20.4	0	0.00%	$360	46	$7.83	$0.00
MC	GENERAL BRONCHODILATOR AGENTS	8,888	2	1	1	0	0	0.00%	$1,718,665	27,714	$62.01	$62.01
MC	GLUCOCORTICOIDS	80,319	2,267	400	1,847	2.8	2.3	2.30%	$3,159,574	70,853	$44.59	$82,357.73
MC	GOLD SALTS	12	2	1	1	16.7	8.3	8.30%	$4,726	24	$196.92	$196.92
MC	HEMATINICS,OTHER	6,142	529	183	337	8.6	5.5	5.50%	$4,801,117	5,519	$869.93	$293,166.41
MC	HEMORRHOIDAL PREP, ANTI-INFAM STEROID/LOCAL ANESTH	35	2	0	2	5.7	5.7	5.70%	$12,308	118	$104.31	$208.62
MC	HEMORRHOIDAL PREPARATIONS	384	9	0	9	2.3	2.3	2.30%	$11,764	806	$14.60	$131.40
MC	HEMORRHOIDALS, LOCAL RECTAL ANESTHETICS	27	2	0	2	7.4	7.4	7.40%	$3,834	247	$15.52	$31.04
MC	HEPATITIS C TREATMENT AGENTS	2,528	67	14	51	2.7	2	2.00%	$2,058,462	1,775	$1,159.70	$59,144.70
MC	HYPERURICEMIA TX - PURINE INHIBITORS	11,752	227	12	215	1.9	1.8	1.80%	$56,322	10,464	$5.38	$1,156.70

ATTACHMENT 2.1.F ProDUR REPORT BY DRUG COMBINATIONS INVOLVED IN DUR SCREENING:

Attachment 2.1.F(2) --Continued – DRUG-DISEASE ALERT

EDS ProDUR Report #: DUR-0015-A

DUR Screen	Therapeutic Category	# Claims Screened	# Alerts	#Over-rides	# Cancella-tion & Non-Response	% Alerts / Rx	Cancels / Rx	% Cancels/ Rx	Amount Paid (Total)	Rx Count	Average Amount Pd Per Rx	**Average Amount Pd Per DENIED Rx's**
MC	HYPOGLYCEMICS, BIGUANIDE TYPE (NON-SULFONYLUREAS)	23,343	6	2	4	0	0	0.00%	$671,531	53,980	$12.44	$49.76
MC	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	6,619	2	0	2	0	0	0.00%	$1,173,084	50,595	$23.19	$46.38
MC	HYPOGLYCEMICS, INSULIN-RESPONSE ENHANCER (N-S)	41,354	85	14	71	0.2	0.2	0.20%	$4,965,427	37,190	$133.52	$9,479.92
MC	HYPOTENSIVES, ACE INHIBITORS	161,539	3,267	1,467	1,792	2	1.1	1.10%	$1,898,974	143,631	$13.22	$23,690.24
MC	HYPOTENSIVES,ANGIOTENSIN RECEPTOR ANTAGONIST	43,011	601	205	396	1.4	0.9	0.90%	$2,160,450	36,144	$59.77	$23,668.92
MC	HYPOTENSIVES,MISCELLANEOUS	5,892	170	55	115	2.9	2	2.00%	$33,476	4,885	$6.85	$787.75
MC	HYPOTENSIVES,SYMPATHOLYTIC	42,480	3,005	1,094	1,888	7.1	4.4	4.40%	$845,338	36,021	$23.47	$44,311.36
MC	HYPOTENSIVES,VASODILATORS	2,090	9	2	7	0.4	0.3	0.30%	$150,979	5,445	$27.73	$194.11
MC	IMMUNOMODULATORS	73	2	0	2	2.7	2.7	2.70%	$257,825	713	$361.61	$723.22
MC	IMMUNOSUPPRESSIVES	11,076	315	38	270	2.8	2.4	2.40%	$3,324,082	9,339	$355.94	$96,103.80
MC	INOTROPIC DRUGS	3	1	0	1	33.3	33.3	33.30%	$102,593	87	$1,179.23	$1,179.23
MC	INSULINS	67,850	27	1	26	0	0	0.00%	$8,288,667	88,566	$93.59	$2,433.34
MC	INTESTINAL MOTILITY STIMULANTS	25,503	1,126	116	1,000	4.4	3.9	3.90%	$189,329	23,509	$8.05	$8,050.00
MC	IODINE CONTAINING AGENTS	31	2	0	2	6.5	6.5	6.50%	$2,156	159	$13.56	$27.12
MC	IRON REPLACEMENT	39,759	6	0	6	0	0	0.00%	$516,546	83,666	$6.17	$37.02
MC	IRRITABLE BOWEL SYND. AGENT,5HT-4 PARTIAL AGONIST	6,456	23	2	21	0.4	0.3	0.30%	$1,307,913	8,638	$151.41	$3,179.61
MC	KETOLIDES	13	1	0	1	7.7	7.7	7.70%	$8,935	207	$43.16	$43.16
MC	LAXATIVES, LOCAL/RECTAL	17,347	97	19	74	0.6	0.4	0.40%	$44,971	21,874	$2.06	$152.44
MC	LINCOSAMIDES	5,334	21	4	17	0.4	0.3	0.30%	$166,559	6,068	$27.45	$466.65
MC	LIPOTROPICS	210,941	101	75	26	0	0	0.00%	$17,678,960	189,693	$93.20	$2,423.20
MC	LOCAL ANESTHETICS	2,187	19	0	19	0.9	0.9	0.90%	$31,643	3,527	$8.97	$170.43
MC	LOOP DIURETICS	48,412	2	0	2	0	0	0.00%	$687,877	106,490	$6.46	$12.92
MC	MAGNESIUM SALTS REPLACEMENT	4,844	19	4	15	0.4	0.3	0.30%	$73,598	5,432	$13.55	$203.25
MC	MAOIS - NON-SELECTIVE & IRREVERSIBLE	66	13	2	11	19.7	16.7	16.70%	$4,912	87	$56.46	$621.06
MC	METALLIC POISON,AGENTS TO TREAT	24	1	0	1	4.2	4.2	4.20%	$204,861	209	$980.20	$980.20
MC	MINERALOCORTICOIDS	1,963	121	33	88	6.2	4.5	4.50%	$46,170	1,756	$26.29	$2,313.52
MC	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	20,466	304	243	59	1.5	0.3	0.30%	$903,927	16,941	$53.36	$3,148.24
MC	NARCOTIC ANTITUSS-1ST GEN ANTIHIST-DECONGST-EXPECT	20	1	0	1	5	5	5.00%	$3,150	120	$26.25	$26.25
MC	NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	11,873	122	14	108	1	0.9	0.90%	$107,016	10,047	$10.65	$1,150.20
MC	NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT COMB	1,455	20	3	17	1.4	1.2	1.20%	$19,018	1,580	$12.04	$204.68
MC	NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE	12,529	497	177	320	4	2.6	2.60%	$391,466	10,063	$38.90	$12,448.00
MC	NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.	367	12	1	11	3.3	3	3.00%	$5,497	529	$10.39	$114.29
MC	NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION	17,218	114	17	97	0.7	0.6	0.60%	$177,985	14,202	$12.53	$1,215.41
MC	NON-NARC ANTITUS-1ST GEN ANTIHIST-DECONGEST-EXPECT	272	3	1	2	1.1	0.7	0.70%	$5,941	839	$7.08	$14.16
MC	NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	12,508	106	66	40	0.8	0.3	0.30%	$245,064	10,462	$23.42	$936.80
MC	NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.	1,371	20	3	17	1.5	1.2	1.20%	$19,702	1,203	$16.38	$278.46
MC	NON-NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT CMB	331	7	1	6	2.1	1.8	1.80%	$11,465	603	$19.01	$114.06
MC	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	43,517	4,514	2,370	2,125	10.4	4.9	4.90%	$3,644,861	38,233	$95.33	$202,576.25
MC	NSAID, COX INHIBITOR-TYPE & PROTON PUMP INHIB COMB	41	8	1	7	19.5	17.1	17.10%	$6,144	51	$120.47	$843.29
MC	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	136,864	8,384	4,523	3,825	6.1	2.8	2.80%	$3,050,031	121,114	$25.18	$96,313.50
MC	ORAL ANTICOAGULANTS,COUMARIN TYPE	48,860	2,059	647	1,390	4.2	2.8	2.80%	$484,400	45,255	$10.70	$14,878.27
MC	PARASYMPATHETIC AGENTS	1,734	34	0	34	2	2	2.00%	$181,489	1,647	$110.19	$3,746.46
MC	PHOSPHATE REPLACEMENT	346	13	2	11	3.8	3.2	3.20%	$36,220	663	$54.63	$600.93
MC	PITUITARY SUPPRESSIVE AGENTS	697	14	1	13	2	1.9	1.90%	$49,547	234	$211.74	$2,752.62
MC	PLATELET AGGREGATION INHIBITORS	49,273	24	1	23	0	0	0.00%	$5,588,122	49,062	$113.90	$2,619.70
MC	POTASSIUM REPLACEMENT	84,091	1,306	186	1,094	1.6	1.3	1.30%	$1,087,888	76,781	$14.17	$15,501.98
MC	POTASSIUM SPARING DIURETICS	20,829	372	131	241	1.8	1.2	1.20%	$337,962	18,766	$18.01	$4,340.41
MC	POTASSIUM SPARING DIURETICS IN COMBINATION	23,531	264	71	192	1.1	0.8	0.80%	$101,858	20,253	$5.03	$965.76
MC	PROGESTATIONAL AGENTS	4,372	201	87	111	4.6	2.5	2.50%	$83,872	3,843	$21.82	$2,422.02
MC	PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB	37	6	1	5	16.2	13.5	13.50%	$64,665	107	$604.35	$3,021.75
MC	QUINOLONES	50,165	3,024	1,714	1,294	6	2.6	2.60%	$2,609,178	44,560	$58.55	$75,763.70

ATTACHMENT 2.1.F ProDUR REPORT BY DRUG COMBINATIONS INVOLVED IN DUR SCREENING:

Attachment 2.1.F(2) --Continued – DRUG-DISEASE ALERT

EDS ProDUR Report #: DUR-0015-A

DUR Screen	Therapeutic Category	# Claims Screened	# Alerts	#Over-rides	# Cancella-tion & Non-Response	% Alerts / Rx	Cancels / Rx	% Cancels/ Rx	Amount Paid (Total)	Rx Count	Average Amount Pd Per Rx	Average Amount Pd Per DENIED Rx's
MC	RECTAL PREPARATIONS	2,341	52	3	49	2.2	2.1	2.10%	$45,047	1,941	$23.21	$1,137.29
MC	SEDATIVE-HYPNOTICS,NON-BARBITURATE	88,094	3,080	442	2,621	3.5	3	3.00%	$4,481,200	75,675	$59.22	$155,215.62
MC	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	252,371	8,901	5,179	3,690	3.5	1.5	1.50%	$13,175,720	223,613	$58.92	$217,414.80
MC	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	39,807	41	26	15	0.1	0	0.00%	$324,727	46,874	$6.93	$103.95
MC	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	64,069	11,130	7,570	3,525	17.4	5.5	5.50%	$7,017,965	56,349	$124.54	$439,003.50
MC	SKELETAL MUSCLE RELAXANTS	92,085	1,410	199	1,196	1.5	1.3	1.30%	$1,941,319	82,749	$23.46	$28,058.16
MC	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	8,267	31	4	27	0.4	0.3	0.30%	$775,781	8,119	$95.55	$2,579.85
MC	SMOKING DETERRENTS, OTHER	270	13	1	12	4.8	4.4	4.40%	$24,989	308	$81.13	$973.56
MC	SSRI &ANTIPSYCH,ATYP,DOPAMINE&SEROTONIN ANTAG COMB	961	15	2	13	1.6	1.4	1.40%	$366,034	1,204	$304.01	$3,952.13
MC	STEROID ANTINEOPLASTICS	929	9	0	9	1	1	1.00%	$29,966	1,481	$20.23	$182.07
MC	SYMPATHOMIMETIC AGENTS	7,179	115	32	82	1.6	1.1	1.10%	$12,344	6,414	$1.92	$157.44
MC	THYROID HORMONES	102,321	3,396	230	3,130	3.3	3.1	3.10%	$1,047,540	92,308	$11.35	$35,525.50
MC	TOPICAL ANTIFUNGALS	7,504	1	1	0	0	0	0.00%	$729,516	39,313	$18.56	$0.00
MC	TOPICAL ANTI-INFLAMMATORY STEROIDAL	11,968	6	0	6	0.1	0.1	0.10%	$497,261	30,590	$16.26	$97.56
MC	TOPICAL ANTIPARASITICS	5,304	17	1	16	0.3	0.3	0.30%	$296,305	6,828	$43.40	$694.40
MC	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS	317	24	6	18	7.6	5.7	5.70%	$13,635	329	$41.44	$745.92
MC	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS	669	23	3	20	3.4	3	3.00%	$8,558	683	$12.53	$250.60
MC	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	47,084	2,650	1,453	1,190	5.6	2.5	2.50%	$325,160	40,828	$7.96	$9,472.40
MC	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	55,261	1,407	197	1,198	2.5	2.2	2.20%	$5,119,809	48,767	$104.99	$125,778.02
MC	URINARY PH MODIFIERS	847	18	0	18	2.1	2.1	2.10%	$40,374	1,295	$31.18	$561.24
MC	URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)	823	6	0	3	0.7	0.4	0.40%	$37,537	3,032	$12.38	$37.14
MC	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	38,727	906	64	841	2.3	2.2	2.20%	$2,413,903	35,907	$67.23	$56,540.43
MC	VASODILATORS,CORONARY	35,335	14	8	6	0	0	0.00%	$453,692	43,169	$10.51	$63.06
MC	XANTHINES	9,446	366	22	334	3.9	3.5	3.50%	$157,874	8,325	$18.96	$6,333
Total		**5,291,578**	**188386**	**93479**	**93858**	**682**	**465.2**	**465.20%**	**$300,290,014**	**5,241,725**	**$19,102**	**$6,522,717**

Total	**DRUG=DISEASE ALERT (MC)**	**5,291,578**	**188386**	**93479**	**93858**	**682**	**465.2**	**465.20%**	**$300,290,014**	**5,241,725**	**$19,102**	**$6,522,717**

ATTACHMENT 2.1.F
Attachment 2.1.F(3) ProDUR REPORT BY DRUG COMBINATIONS INVOLVED IN DUR SCREENING: THERAPEUTIC DUPLICATION

EDS ProDUR Report #: DUR-0015-A

DUR Screen	Therapeutic Category	# Claims Screened	# Alerts	#Over-rides	# Cancella-tion & Non-Response	% Alerts / Rx	Cancels / Rx	% Cancels/ Rx	Amount Paid (Total)	Rx Count	Average Amount Pd Per Rx	**Average Amount Pd Per DENIED Rx's**
TD	ABSORBABLE SULFONAMIDES	29,003	370	285	85	1.3	0.3	0.30%	$160,974	25,889	$6.22	$528.70
TD	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	13,562	247	217	30	1.8	0.2	0.20%	$894,183	12,072	$74.07	$2,222.10
TD	ADRENERGIC VASOPRESSOR AGENTS	331	2	0	2	0.6	0.6	0.60%	$108,656	718	$151.33	$302.66
TD	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	7,679	84	0	84	1.1	1.1	1.10%	$3,177,265	36,046	$88.14	$7,403.76
TD	AGENTS TO TREAT MULTIPLE SCLEROSIS	1,158	2	0	2	0.2	0.2	0.20%	$4,968,041	3,587	$1,385.01	$2,770.02
TD	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	20,560	1,731	1,455	276	8.4	1.3	1.30%	$1,497,864	17,703	$84.61	$23,352.36
TD	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	31,149	2,724	2,221	503	8.7	1.6	1.60%	$784,780	29,241	$26.84	$13,500.52
TD	ALPHA-ADRENERGIC BLOCKING AGENTS	9,083	537	450	85	5.9	0.9	0.90%	$57,851	8,037	$7.20	$612.00
TD	ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS	5,641	8	0	8	0.1	0.1	0.10%	$1,187,752	10,417	$114.02	$912.16
TD	AMINOGLYCOSIDES	2,024	94	63	31	4.6	1.5	1.50%	$895,135	2,571	$348.17	$10,793.27
TD	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	2,774	2	0	2	0.1	0.1	0.10%	$46,561	9,842	$4.73	$9.46
TD	ANALGESIC/ANTIPYRETICS, SALICYLATES	174,413	3,619	2,906	712	2.1	0.4	0.40%	$189,297	169,245	$1.12	$797.44
TD	ANALGESIC/ANTIPYRETICS,NON-SALICYLATE	152,802	4,827	4,078	746	3.2	0.5	0.50%	$445,112	143,958	$3.09	$2,305.14
TD	ANALGESICS,NARCOTICS	537,456	275,466	246,099	29,293	51.3	5.5	5.50%	$17,426,219	451,693	$38.58	$1,130,117.65
TD	ANTACIDS	5,226	4	0	4	0.1	0.1	0.10%	$131,661	30,733	$4.28	$17.12
TD	ANTI-ALCOHOLIC PREPARATIONS	435	2	0	2	0.5	0.5	0.50%	$108,946	1,376	$79.18	$158.36
TD	ANTI-ANXIETY DRUGS	60,186	466	0	466	0.8	0.8	0.80%	$2,592,262	285,788	$9.07	$4,226.62
TD	ANTIARRHYTHMICS	7,963	139	85	54	1.7	0.7	0.70%	$183,028	6,731	$27.19	$1,468.26
TD	ANTICONVULSANTS	113,643	3,876	0	3,876	3.4	3.4	3.40%	$37,711,394	384,032	$98.20	$380,623.20
TD	ANTIDIARRHEALS	5,033	10	0	10	0.2	0.2	0.20%	$129,453	15,361	$8.43	$84.30
TD	ANTIEMETIC/ANTIVERTIGO AGENTS	8,876	24	0	24	0.3	0.3	0.30%	$2,351,269	24,680	$95.27	$2,286.48
TD	ANTIFUNGAL AGENTS	5,167	8	0	8	0.2	0.2	0.20%	$665,942	16,384	$40.65	$325.20
TD	ANTIFUNGAL ANTIBIOTICS	1,768	6	0	6	0.3	0.3	0.30%	$450,923	7,145	$63.11	$378.66
TD	ANTIHISTAMINES - 1ST GENERATION	19,764	70	0	70	0.4	0.4	0.40%	$948,294	70,988	$13.36	$935.20
TD	ANTIHISTAMINES - 2ND GENERATION	28,182	34	0	34	0.1	0.1	0.10%	$2,584,349	127,366	$20.29	$689.86
TD	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR	528	13	12	1	2.5	0.2	0.20%	$214,820	852	$252.14	$252.14
TD	ANTIMALARIAL DRUGS	5,154	2	0	2	0	0	0.00%	$184,825	11,978	$15.43	$30.86
TD	ANTI-MANIA DRUGS	5,037	38	0	38	0.8	0.8	0.80%	$278,342	15,301	$18.19	$691.22
TD	ANTIMETABOLITES	1,730	8	0	8	0.5	0.5	0.50%	$381,929	4,827	$79.12	$632.96
TD	ANTIMIGRAINE PREPARATIONS	11,109	734	583	150	6.6	1.4	1.40%	$1,273,492	9,109	$139.81	$20,971.50
TD	ANTI-MYCOBACTERIUM AGENTS	871	135	120	15	15.5	1.7	1.70%	$28,317	752	$37.66	$564.90
TD	ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC	9,075	22	0	22	0.2	0.2	0.20%	$222,855	26,586	$8.38	$184.36
TD	ANTIPARKINSONISM DRUGS,OTHER	9,436	192	0	192	2	2	2.00%	$1,568,890	22,252	$70.51	$13,537.92
TD	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	9,747	144	0	144	1.5	1.5	1.50%	$12,257,912	35,535	$344.95	$49,672.80
TD	ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS	399	6	0	6	1.5	1.5	1.50%	$79,128	884	$89.51	$537.06
TD	ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG	80,025	2,300	0	2,300	2.9	2.9	2.90%	$60,062,360	231,353	$259.61	$597,103.00
TD	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES	675	8	0	8	1.2	1.2	1.20%	$26,328	1,789	$14.72	$117.76
TD	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES	3,956	36	0	36	0.9	0.9	0.90%	$250,700	11,164	$22.46	$808.56
TD	ANTI-PSYCHOTICS,PHENOTHIAZINES	15,031	4,787	3,996	788	31.8	5.2	5.20%	$312,489	12,617	$24.77	$19,518.76
TD	ANTITUBERCULAR ANTIBIOTICS	182	13	5	8	7.1	4.4	4.40%	$22,566	481	$46.91	$375.28
TD	ANTI-ULCER PREPARATIONS	3,633	44	38	6	1.2	0.2	0.20%	$95,996	3,672	$26.14	$156.84
TD	ANTI-ULCER-H.PYLORI AGENTS	25	1	1	0	4	0	0.00%	$36,879	145	$254.34	$0.00
TD	ANTIVIRAL MONOCLONAL ANTIBODIES	168	4	0	4	2.4	2.4	2.40%	$791,994	628	$1,261.14	$5,044.56
TD	ANTIVIRALS, GENERAL	2,221	4	0	4	0.2	0.2	0.20%	$879,514	7,075	$124.31	$497.24
TD	ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI	855	40	0	40	4.7	4.7	4.70%	$796,566	2,668	$298.56	$11,942.40
TD	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	783	24	0	24	3.1	3.1	3.10%	$1,537,488	2,575	$597.08	$14,329.92

ATTACHMENT 2.1.F ProDUR REPORT BY DRUG COMBINATIONS INVOLVED IN DUR SCREENING:

Attachment 2.1.F(3) --Continued – THERAPEUTIC DUPLICATION

EDS ProDUR Report #: DUR-0015-A

DUR Screen	Therapeutic Category	# Claims Screened	# Alerts	#Over-rides	# Cancella-tion & Non-Response	% Alerts / Rx	Cancels / Rx	% Cancels/ Rx	Amount Paid (Total)	Rx Count	Average Amount Pd Per Rx	Average Amount Pd Per DENIED Rx's
TD	BARBITURATES	4,415	32	0	32	0.7	0.7	0.70%	$144,846	23,115	$6.27	$200.64
TD	BELLADONNA ALKALOIDS	2,149	6	0	6	0.3	0.3	0.30%	$149,054	5,719	$26.06	$156.36
TD	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	5,839	30	0	30	0.5	0.5	0.50%	$904,707	12,702	$71.23	$2,136.90
TD	BETA-ADRENERGIC AGENTS	41,650	452	0	452	1.1	1.1	1.10%	$3,884,896	121,701	$31.92	$14,427.84
TD	BETA-ADRENERGIC BLOCKING AGENTS	146,773	9,940	8,374	1,566	6.8	1.1	1.10%	$2,381,945	129,365	$18.41	$28,830.06
TD	BETA-ADRENERGICS AND GLUCOCORTICOIDS COMBINATION	9,861	4	0	4	0	0	0.00%	$4,612,151	28,834	$159.96	$639.84
TD	BETALACTAMS	39	4	3	1	10.3	2.6	2.60%	$33,887	109	$310.89	$310.89
TD	BILE SALT SEQUESTRANTS	1,042	2	0	2	0.2	0.2	0.20%	$123,727	2,094	$59.09	$118.18
TD	BONE RESORPTION INHIBITORS	19,738	76	0	76	0.4	0.4	0.40%	$2,905,302	38,737	$75.00	$5,700.00
TD	CALCIMIMETIC,PARATHYROID CALCIUM ENHANCER	901	6	0	6	0.7	0.7	0.70%	$677,657	1,525	$444.37	$2,666.22
TD	CALCIUM CHANNEL BLOCKING AGENTS	103,388	7,724	6,623	1,100	7.5	1.1	1.10%	$4,366,661	90,648	$48.17	$52,987.00
TD	CALCIUM REPLACEMENT	22,291	76	0	76	0.3	0.3	0.30%	$476,029	141,608	$3.36	$255.36
TD	CARBAPENEMS (THIENAMYCINS)	270	8	5	3	3	1.1	1.10%	$402,061	963	$417.51	$1,252.53
TD	CARBONIC ANHYDRASE INHIBITORS	1,708	73	62	11	4.3	0.6	0.60%	$43,443	1,708	$25.44	$279.84
TD	CEPHALOSPORINS - 1ST GENERATION	37,993	1,600	1,265	335	4.2	0.9	0.90%	$276,174	34,892	$7.92	$2,653.20
TD	CEPHALOSPORINS - 2ND GENERATION	7,457	169	144	25	2.3	0.3	0.30%	$162,758	6,350	$25.63	$640.75
TD	CEPHALOSPORINS - 3RD GENERATION	12,236	204	171	33	1.7	0.3	0.30%	$1,092,645	12,169	$89.79	$2,963.07
TD	CHOLINESTERASE INHIBITORS	16,031	56	0	56	0.3	0.3	0.30%	$3,932,154	29,679	$132.49	$7,419.44
TD	CONTRACEPTIVES,ORAL	5,495	20	0	20	0.4	0.4	0.40%	$802,782	22,299	$36.00	$720.00
TD	DIGITALIS GLYCOSIDES	11,715	44	0	44	0.4	0.4	0.40%	$159,501	23,456	$6.80	$299.20
TD	ELECTROLYTE DEPLETERS	3,740	30	0	30	0.8	0.8	0.80%	$1,399,666	6,690	$209.22	$6,276.60
TD	ESTROGENIC AGENTS	9,963	18	0	18	0.2	0.2	0.20%	$957,529	28,828	$33.22	$597.96
TD	FOLIC ACID PREPARATIONS	6,847	2	0	2	0	0	0.00%	$171,846	34,701	$4.95	$9.90
TD	GASTRIC ACID SECRETION REDUCERS	87,050	510	0	510	0.6	0.6	0.60%	$16,026,555	269,870	$59.39	$30,288.90
TD	GENERAL BRONCHODILATOR AGENTS	10,636	28	0	28	0.3	0.3	0.30%	$1,718,665	27,714	$62.01	$1,736.28
TD	GERIATRIC VITAMIN PREPARATIONS	1,163	8	0	8	0.7	0.7	0.70%	$23,744	5,934	$4.00	$32.00
TD	GLUCOCORTICOIDS	23,297	146	0	146	0.6	0.6	0.60%	$3,159,574	70,853	$44.59	$6,510.14
TD	GROWTH HORMONES	201	2	0	2	1	1	1.00%	$1,352,699	821	$1,647.62	$3,295.24
TD	HEMATINICS,OTHER	2,360	2	0	2	0.1	0.1	0.10%	$4,801,117	5,519	$869.93	$1,739.86
TD	HEPARIN AND RELATED PREPARATIONS	2,845	8	0	8	0.3	0.3	0.30%	$2,536,117	9,986	$253.97	$2,031.76
TD	HEPATITIS C TREATMENT AGENTS	584	56	0	56	9.6	9.6	9.60%	$2,058,462	1,775	$1,159.70	$64,943.20
TD	HYPERURICEMIA TX - PURINE INHIBITORS	5,033	2	0	2	0	0	0.00%	$56,322	10,464	$5.38	$10.76
TD	HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIB TYPE (N-S)	308	4	0	4	1.3	1.3	1.30%	$45,723	663	$68.96	$275.84
TD	HYPOGLYCEMICS, BIGUANIDE TYPE (NON-SULFONYLUREAS)	19,710	62	0	62	0.3	0.3	0.30%	$671,531	53,980	$12.44	$771.28
TD	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	24,769	152	0	152	0.6	0.6	0.60%	$1,173,084	50,595	$23.19	$3,524.88
TD	HYPOGLYCEMICS, INSULIN-RESPONSE ENHANCER (N-S)	13,848	34	0	34	0.2	0.2	0.20%	$4,965,427	37,190	$133.52	$4,539.68
TD	HYPOTENSIVES, ACE INHIBITORS	161,539	9,246	7,848	1,397	5.7	0.9	0.90%	$1,898,974	143,631	$13.22	$18,468.34
TD	HYPOTENSIVES,ANGIOTENSIN RECEPTOR ANTAGONIST	43,011	1,584	1,319	265	3.7	0.6	0.60%	$2,160,450	36,144	$59.77	$15,839.05
TD	HYPOTENSIVES,MISCELLANEOUS	5,892	90	77	13	1.5	0.2	0.20%	$33,476	4,885	$6.85	$89.05
TD	HYPOTENSIVES,SYMPATHOLYTIC	42,480	3,432	2,785	647	8.1	1.5	1.50%	$845,338	36,021	$23.47	$15,185.09
TD	HYPOTENSIVES,VASODILATORS	6,316	544	448	96	8.6	1.5	1.50%	$150,979	5,445	$27.73	$2,662.08
TD	IMMUNOSUPPRESSIVES	3,503	74	0	74	2.1	2.1	2.10%	$3,324,082	9,339	$355.94	$26,339.56
TD	INSULINS	35,404	732	0	732	2.1	2.1	2.10%	$8,288,667	88,566	$93.59	$68,507.88
TD	INTESTINAL MOTILITY STIMULANTS	8,140	10	0	10	0.1	0.1	0.10%	$189,329	23,509	$8.05	$80.50
TD	IRON REPLACEMENT	14,507	20	0	20	0.1	0.1	0.10%	$516,546	83,666	$6.17	$123.40
TD	LAXATIVES AND CATHARTICS	52,753	840	0	840	1.6	1.6	1.60%	$1,521,128	285,028	$5.34	$4,485.60
TD	LAXATIVES, LOCAL/RECTAL	3,676	6	0	6	0.2	0.2	0.20%	$44,971	21,874	$2.06	$12.36
TD	LINCOSAMIDES	6,833	150	115	35	2.2	0.5	0.50%	$166,559	6,068	$27.45	$960.75
TD	LIPOTROPICS	210,941	67,386	60,174	7,182	31.9	3.4	3.40%	$17,678,960	189,693	$93.20	$669,362.40
TD	LOOP DIURETICS	117,411	11,941	10,031	1,907	10.2	1.6	1.60%	$687,877	106,490	$6.46	$12,319.22

ATTACHMENT 2.1.F ProDUR REPORT BY DRUG COMBINATIONS INVOLVED IN DUR SCREENING:

Attachment 2.1.F(3) --Continued – THERAPEUTIC DUPLICATION

EDS ProDUR Report #: DUR-0015-A

DUR Screen	Therapeutic Category	# Claims Screened	# Alerts	#Over-rides	# Cancella-tion & Non-Response	% Alerts / Rx	Cancels / Rx	% Cancels/ Rx	Amount Paid (Total)	Rx Count	Average Amount Pd Per Rx
TD	MACROLIDES	49,213	674	581	93	1.4	0.2	0.20%	$1,695,491	43,890	$38.63
TD	MULTIVITAMIN PREPARATIONS	36,282	98	0	98	0.3	0.3	0.30%	$437,815	230,742	$1.90
TD	NIACIN PREPARATIONS	364	2	0	2	0.5	0.5	0.50%	$4,325	2,191	$1.97
TD	NITROFURAN DERIVATIVES	5,029	26	0	26	0.5	0.5	0.50%	$333,432	11,993	$27.80
TD	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	43,517	4,466	3,793	673	10.3	1.5	1.50%	$3,644,861	38,233	$95.33
TD	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	136,864	10,394	8,693	1,700	7.6	1.2	1.20%	$3,050,031	121,114	$25.18
TD	ORAL ANTICOAGULANTS,COUMARIN TYPE	21,226	734	0	734	3.5	3.5	3.50%	$484,400	45,255	$10.70
TD	OXAZOLIDINONES	445	8	3	5	1.8	1.1	1.10%	$486,590	438	$1,110.94
TD	PANCREATIC ENZYMES	1,038	8	0	8	0.8	0.8	0.80%	$587,643	2,934	$200.29
TD	PARASYMPATHETIC AGENTS	676	2	0	2	0.3	0.3	0.30%	$181,489	1,647	$110.19
TD	PENICILLINS	85,298	2,958	2,486	472	3.5	0.6	0.60%	$1,663,930	75,656	$21.99
TD	PLATELET AGGREGATION INHIBITORS	21,006	64	0	64	0.3	0.3	0.30%	$5,588,122	49,062	$113.90
TD	POTASSIUM REPLACEMENT	34,157	112	0	112	0.3	0.3	0.30%	$1,087,888	76,781	$14.17
TD	POTASSIUM SPARING DIURETICS	20,829	581	476	105	2.8	0.5	0.50%	$337,962	18,766	$18.01
TD	POTASSIUM SPARING DIURETICS IN COMBINATION	23,531	347	271	76	1.5	0.3	0.30%	$101,858	20,253	$5.03
TD	PRENATAL VITAMIN PREPARATIONS	3,519	2	0	2	0.1	0.1	0.10%	$199,469	14,430	$13.82
TD	PROGESTATIONAL AGENTS	1,231	4	0	4	0.3	0.3	0.30%	$83,872	3,843	$21.82
TD	QUINOLONES	50,165	3,719	2,935	780	7.4	1.6	1.60%	$2,609,178	44,560	$58.55
TD	SEDATIVE-HYPNOTICS,NON-BARBITURATE	22,373	118	0	118	0.5	0.5	0.50%	$4,481,200	75,675	$59.22
TD	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	252,371	32,230	27,453	4,769	12.8	1.9	1.90%	$13,175,720	223,613	$58.92
TD	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	53,334	4,263	3,601	660	8	1.2	1.20%	$324,727	46,874	$6.93
TD	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	64,069	13,470	11,778	1,691	21	2.6	2.60%	$7,017,965	56,349	$124.54
TD	SKELETAL MUSCLE RELAXANTS	24,679	148	0	148	0.6	0.6	0.60%	$1,941,319	82,749	$23.46
TD	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	2,122	20	0	20	0.9	0.9	0.90%	$775,781	8,119	$95.55
TD	SODIUM/SALINE PREPARATIONS	1,722	10	0	10	0.6	0.6	0.60%	$569,765	9,006	$63.27
TD	SSRI &ANTIPSYCH,ATYP,DOPAMINE&SEROTONIN ANTAG COMB	433	2	0	2	0.5	0.5	0.50%	$366,034	1,204	$304.01
TD	SYMPATHOMIMETIC AGENTS	1,342	4	0	4	0.3	0.3	0.30%	$12,344	6,414	$1.92
TD	TETRACYCLINES	18,588	453	357	96	2.4	0.5	0.50%	$369,977	17,880	$20.69
TD	THIAZIDE AND RELATED DIURETICS	48,178	1,132	910	222	2.3	0.5	0.50%	$302,726	42,009	$7.21
TD	THYROID HORMONES	39,151	252	0	252	0.6	0.6	0.60%	$1,047,540	92,308	$11.35
TD	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS	237	19	7	12	8	5.1	5.10%	$13,635	329	$41.44
TD	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS	441	17	14	3	3.9	0.7	0.70%	$8,558	683	$12.53
TD	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	47,084	5,437	4,546	890	11.5	1.9	1.90%	$325,160	40,828	$7.96
TD	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	11,401	80	0	80	0.7	0.7	0.70%	$5,119,809	48,767	$104.99
TD	TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE	3,947	44	0	44	1.1	1.1	1.10%	$2,029,781	16,059	$126.40
TD	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	15,335	38	0	38	0.2	0.2	0.20%	$2,413,903	35,907	$67.23
TD	VAGINAL ESTROGEN PREPARATIONS	700	2	0	2	0.3	0.3	0.30%	$94,832	1,427	$66.46
TD	VANCOMYCIN AND DERIVATIVES	1,836	87	54	33	4.7	1.8	1.80%	$464,356	3,616	$128.42
TD	VASODILATORS,CORONARY	49,852	11,100	9,571	1,521	22.3	3.1	3.10%	$453,692	43,169	$10.51
TD	VITAMIN B PREPARATIONS	5,169	14	0	14	0.3	0.3	0.30%	$297,602	24,348	$12.22
TD	VITAMIN D PREPARATIONS	823	2	0	2	0.2	0.2	0.20%	$109,395	2,830	$38.66
TD	VITAMIN E PREPARATIONS	2,817	6	0	6	0.2	0.2	0.20%	$40,536	15,218	$2.66
TD	XANTHINES	1,288	7	0	7	0.5	0.5	0.50%	$157,874	8,325	$18.96
Total	**Total**	**3,983,951**	**513706**	**439587**	**73975**	**475.7**	**143.3**	**143.30%**	**$331,650,965**	**6,382,955**	**$17,401.33**

ATTACHMENT 2.2 PA ACTIVITY SUMMARY

Reporting Dates: 10/01/2005 to 9/30/2006

Prior Authorization Summary (Represents telephone calls, FAXes and mailed requests)	
PA Type	**Total PA Count**
Regular PA Program*	31,440
Miscellaneous Prior Authorization Programs**	1,611
PDL PA Program	33,519
SUM:	**66,570**

* **Includes 34-day supply, drug-drug, early refill, high dose, and therapeutic duplication related contacts**

** Please refer to page 19 for explanation of this category.

ATTACHMENT 2.2 --continued-- ProDUR Edits: PA Activity

ATTACHMENT 2.2.A Detailed PA Activity by PA Type: Regular & Misc. PA

Regular PA TOTALS

Oct 05 to Sept 06 - PA Totals	Approved	Denied	Suspended	
34-Day Supply	13	1	0	
Drug-Drug Severity Level One	785	16	5	
Early Refill	30,476	56	25	
High Dose	8	0	0	
Therapeutic Duplication	54	0	1	
Totals	**31,336**	**73**	**31**	**31,440**

Miscellaneous PA Program Totals

Oct 05 to Sept 06 - PA Totals	Approved	Denied	Suspended	
Brand Medically Necessary	518	11	0	
Carafate (Sucralfate)	93	18	1	
Growth Hormones	96	8	0	
Respigam	1	0	0	
Revatio	29	2	0	
Synagis	806	21	7	
Totals	**1,543**	**60**	**8**	**1,611**

Attachment 2.2 --continued-- PA Activity

ATTACHMENT 2.2.B Detailed PA Activity by PA Type: PDL PA

INDIANA MEDICAID - PA TOTALS from PDL Program - FFY2006

Oct 05 to Sept 06 - PDL PA Totals	Approved	Denied	Suspended
ACE Inhibitors	108	3	1
ACEI with CCB	99	1	0
ACEI with Diuretics	16	0	0
Acne Agents	25	0	0
Actiq	0	0	0
Agents to treat COPD	369	0	0
Alpha Adrenergic Blockers	45	1	0
Angiotensin Receptor Blockers (ARBs)	1,175	2	0
Antidiabetic Agents	557	5	0
Antiemetic - Antivertigo Agents	151	1	0
Antifungal Oral	266	4	1
Antifungal Topical	131	3	0
Antipsoriatics	14	0	0
Anti-Ulcer - H Pyloric Agents	122	0	1
Antiviral Anti-herpetic Agent	219	1	0
Antiviral Influenza Agents	61	0	0
ARBs with Diuretics	400	2	1
Benign Prostatic Hypertrophy	66	1	0
Beta and Alpha/Beta Blockers	455	0	0
Beta Adrenergics and Corticosteroids	418	2	0
Bile Acid Sequestrants	172	0	0
Brand NSAIDS	371	60	0
Calcium Channel Blockers	440	2	0
Calcium Channel Blockers w/HMG CoA Reductase	58	1	0
Cephalosporins	61	5	0
Cox-2 Inhibitor	1,037	34	0
Eye Antibiotic- Corticosteroid Combo	5,619	23	2
Eye Antihistamines	22	0	0
Fibric Acids	485	2	0
Fluoroquinolones	219	2	1
Forteo	90	5	0
Growth Hormones	96	8	0
H2 Antagonists	183	5	0
Hematinics	39	0	0
Heparin and Related Products	11	1	0
HMG CoA Reductase Inhibitors	12	0	0
Inhaled Glucocorticoids	751	2	2
Inspra	17	0	0
Ketolides	110	0	0
Leukocyte Stimulants	26	0	0
Leukotriene Receptor Antagonists	734	2	1
Long Acting Beta Agonists	128	0	0
Loop Diuretics	10	0	0
Macrolides	142	0	1
Miotics- OIPR	274	1	0
Narcotics	2,186	27	4
Nasal Steroids and Antihistamines	551	1	0
Non-Sedating Antihistamines	2,430	7	4

ATTACHMENT 2.2 --continued-- PA Activity

Detailed PDL PA Activity – continued –

INDIANA MEDICAID - PA TOTALS from PDL Program - FFY2006

Oct 05 to Sept 06 - PDL PA Totals	Approved	Denied	Suspended
Ophthalmic Antibiotics	106	1	1
Opthalmic Mast Cell Stabilizers	7	0	0
Otic Antibiotics	110	1	1
Other Lipotropics	242	0	0
Plan Limits	1,802	1	1
Platelet Aggregation Inhibitors	35	0	0
Proton Pump Inhibitors	6,215	37	4
PPI/NSAID Combination	12	0	0
SERMS - Bone Resorption Agents	246	2	0
Short Acting Beta Agonists	576	2	0
Skeletal Muscle Relaxants	807	7	1
Smoking Deterrent Agents	5	0	0
Stadol	1	0	0
Systemic Vitamin A Deriv.	9	0	0
Thiazolidenediones	444	0	0
Topical Estrogen Agents	32	1	0
Topical Vitamin A Deriv.	139	0	1
Triptans	150	2	0
Urinary Tract Antispasmodics - Antiincontinence	896	5	1
Vaginal Antimicrobials	237	0	0
Wound Care	153	22	0
PDL PA TOTALS - Oct05 to Sep06	**33,195**	**295**	**29**

Attachment 3
RetroDUR Activity

CMS FFY 2006 - INDIANA MEDICAID DUR PROGRAMS

ATTACHMENT 3. RetroDUR ACTIVITY – FFY2006

ATTACHMENT 3 is a year end summary report on retrospective DUR screening and interventions.

RetroDUR Descriptive Overview

RetroDUR interventions were performed as approved by the DUR Board. The DUR Board met monthly to review proposed interventions. The proposed interventions were sometimes modified to meet Board approval. ACS State Healthcare performed RetroDUR interventions only when the DUR Board approved an individual intervention.

Attachment 3.1 reports RetroDUR procedures used by the state of Indiana and ACS.
As required in the CMS instructions, Attachments 3.2 to 3.4 include the following:

1) Cover all criteria exceptions, and includes a denominator (% criteria exceptions / number of prescription claims adjudicated for a drug class or drug), and the number of interventions undertaken during the reporting period.

2) States that engage in physician, pharmacy profile analysis (i.e., review prescribing or dispensing of multiple prescriptions for multiple patients involving a particular problem type or diagnosis) or engage in patient profiling should report the number of each type of profile (physician, pharmacy, patient) reviewed and identify the subject(s) (diagnosis, problem type, etc.) involved.

The State of Indiana used ***two types of RetroDUR*** **interventions**:

1. Standard RetroDUR initiatives, and
2. Intensive Benefits Management (IBM)

Standard RetroDUR intervention letters described potential drug therapy problem(s) in patient-specific situations. RetroDUR intervention letters may include the patient's current comprehensive drug history profile.

IBM interventions involved ACS pharmacists calling practitioners about targeted drug therapy problems. The IBM pharmacists encouraged practitioners to consider changing targeted recipients' therapy to a more appropriate drug therapy and discussed various alternatives with practitioners.

CMS FFY 2006 - INDIANA MEDICAID DUR PROGRAMS

ATTACHMENT 3.1 INDIANA RetroDUR PROCEDURES

ACS Government
Healthcare Solutions, PBM

ACS State Healthcare assigned a Clinical Account Pharmacist to manage Indiana's DUR programs and to interact with the DUR Board. ACS clinical pharmacists trained and experienced in DUR activities conducted the RetroDUR operations described below.

The RetroDUR Program involved both computerized and clinical pharmacist review of medication claims history. An initial computer-based screening of each individual's patient claims history was performed using clinically-based criteria. The purpose of the computer-based screening was to identify ***potential*** drug therapy problems.

ACS' Clinical Account Pharmacist presented the criteria and screening to the DUR Board. The presentation included incidence and prevalence of the drug therapy problem. The DUR Board reviewed the drug therapy problem criteria and educational materials. If the RetroDUR intervention was approved by the DUR Board, ACS clinical pharmacists conducted the intervention. Practitioner responses were requested on the drug therapy intervention and documented in a proprietary case management database. The responses were used to receive feedback to assess the success of initiatives performed.

Although ACS collected prescribers' responses, evaluation of the impact of letter interventions were measured by actual prescriber behavior. In other words, ACS measured prescribers' actions resulting from the letters by measuring claims data. Evaluations of claims were performed 6-months post-intervention to determine the effectiveness of the educational interventions through changes in number of prescriptions and costs.

ATTACHMENT 3.2 RETRODUR INTERVENTIONS BY PROBLEM CATEGORY

ACS Government Healthcare Solutions, PBM Group

Problem Category or Conflict Code	Program Type (IBM*/RetroDUR**)	# of Patients Reviewed or Screened	# of Patients Intervened	# of Letters/ Calls	# of MDs	# Pharmacies
Dose Optimization	RetroDUR	592	275	275	188	0
	IBM	390	203	203	183	0
Over-Utilization	RetroDUR	243	93	100	95	0
	IBM	0	0	0	0	0
Therapeutic Appropriateness	RetroDUR	817	739	740	529	0
	IBM	0	0	0	0	0
	TOTALS	**2,042**	**1,310**	**1,318**	**995**	**0**

ATTACHMENT 3.3 RETRODUR ACTIVITY BY MONTH

Month	Intervention Name	IBM	Retro DUR	# of Patients Reviewed or Screened	# of Patients Intervened	# of MDs	# of Letters/ Calls	Response Rate on Interventions (Letters/Calls)
October-05	No Intervention							
November-05	No Intervention							
December-05	**Oxycodone ER Dose Optimization**		X	**532**	**217**	**146**	**217**	**24%**
January-06	No Intervention							
February-06	**Zoloft Dose Optimization**	X		**261**	**108**	**100**	**108**	**100%**
March-06	**Over-Utilization of Short-Acting Beta Agonist**		X	**243**	**93**	**95**	**100**	**35%**
March-06	**Oxycodone ER Dose Optimization**		X	**60**	**58**	**42**	**58**	**58.6%**
April-06	**Zoloft Dose Optimization**	X		**129**	**95**	**83**	**95**	**55.8%**
May-06	**Inappropriate Use of LA Benzodiazepines in the Elderly**		X	**817**	**739**	**529**	**740**	**41%**
Jun-06 to Sep-06	No Intervention							
	TOTALS			**2,042**	**1,310**	**995**	**1,318**	

***The Intensified Benefits Management (IBM) program focuses on critical evaluation of targeted individual recipient drug treatment plans. Those plans compare actual experience to documented standards to move toward more cost effective and appropriate pharmaceutical care.**
****Retrospective Drug Utilization Review (DUR) evaluates, after-the-fact, a sampling of individual drug treatment plans to check for cost-effectiveness and monitor appropriate patterns of pharmaceutical care.**

ATTACHMENT 3.4 RETRODUR EXCEPTIONS (PATIENTS SCREENED) & INTERVENTIONS BY THERAPEUTIC CLASS

RETROSPECTIVE DUR CRITERIA				INDIANA MEDICAID RETRODUR PROGRAMS								
Thera Class Code	THERAPEUTIC CLASS DESCRIPTION (NOTE: Check all relevant boxes).	# CLAIMS	# Utilizers	Month	Program Type	# PT SCREEN-ED	# PT TARGETED	CA or PDL ED	OU	TA	GA	DO
A1A	DIGITALIS GLYCOSIDES	23,443	21,764									
A1B	XANTHINES	8,320	7,710									
A1C	INOTROPIC DRUGS	87	26									
A1D	GENERAL BRONCHODILATOR AGENTS	27,690	22,884									
A2A	ANTIARRHYTHMICS	6,726	6,303									
A2C	ANTIANGINAL & ANTI-ISCHEMIC AGENTS,NON-HEMODYNAM	49	49									
A4A	HYPOTENSIVES,VASODILATORS	5,441	4,957									
A4B	HYPOTENSIVES,SYMPATHOLYTIC	35,925	32,217									
A4C	HYPOTENSIVES,GANGLIONIC BLOCKERS	28	27									
A4D	HYPOTENSIVES, ACE INHIBITORS	143,505	133,799									
A4F	HYPOTENSIVES,ANGIOTENSIN RECEPTOR ANTAGONIST	36,124	34,094									
A4K	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIC	12,070	11,549									
A4Y	HYPOTENSIVES,MISCELLANEOUS	4,885	4,557									
A7B	VASODILATORS,CORONARY	43,148	37,173									
A7C	VASODILATORS,PERIPHERAL	136	135									
A7J	VASODILATORS, COMBINATION	206	185									
A9A	CALCIUM CHANNEL BLOCKING AGENTS	90,570	83,977									
B0A	GENERAL INHALATION AGENTS	1,157	1,083									
B1B	PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGO	136	130									
B1C	PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE	44	39									
B1D	PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INH	107	97									
B3A	MUCOLYTICS	1,442	1,223									
B3J	EXPECTORANTS	17,476	13,491									
B3O	1ST GEN ANTIHISTAMINE-DECONGESTANT-ANALGESIC CO	9	9									
B3Q	NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGE	10,045	8,704									
B3R	NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGE	10,458	9,906									
B3S	NON-NARC ANTITUS-1ST GEN ANTIHIST-DECONGEST-EXPI	839	801									
B3T	NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.	23,871	20,581									
B3X	1ST GEN ANTIHIST-DECONGEST-ANTICHOLINERGIC COMB	6,217	5,771									
B3Y	1ST GEN ANTIHISTAMINE-DECONGESTANT-EXPECTORANT	199	194									
B4C	NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMB.	529	445									
B4D	NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINI	10,059	8,802									
B4E	NON-NARC ANTITUSSIVE-1ST GEN ANTIHISTAMINE COMB.	1,202	1,135									
B4J	NARCOTIC ANTITUSS-1ST GEN ANTIHIST-DECONGST-EXPE	120	104									
B4K	NARCOTIC ANTITUSSIVE-DECONGESTANT COMBINATIONS	57	53									
B4L	NON-NARCOTIC ANTITUSSIVE-DECONGESTANT COMBINAT	148	142									
B4P	NON-NARC ANTITUSS-DECONGESTANT-ANALGESIC-EXPEC	3	3									
B4Q	NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT CO	1,580	1,411									
B4R	NON-NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORAN	603	582									
B4S	NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION	14,193	12,122									
B4U	DECONGESTANT-ANTICHOLINERGIC COMBINATIONS	16	16									
B4W	DECONGESTANT-EXPECTORANT COMBINATIONS	11,515	10,856									
B4X	EXPECTORANT COMBINATIONS OTHER	44	40									
B5R	ANALGESICS, MIXED-1ST GEN ANTIHISTAMINE-XANTHINE	1	1									
B5S	ANALGESIC, NON-SAL.- 1ST GENERATION ANTIHISTAMINE	739	684									
B5T	1ST GENERATION ANTIHISTAMINE-ANTICHOLINERGIC COM	18	18									
C0B	WATER	1,739	1,029									
C0D	ANTI-ALCOHOLIC PREPARATIONS	1,375	1,152									
C0K	BICARBONATE PRODUCING/CONTAINING AGENTS	2,067	1,610									
C1A	ELECTROLYTE DEPLETERS	6,680	5,651									
C1B	SODIUM/SALINE PREPARATIONS	8,961	3,267									
C1D	POTASSIUM REPLACEMENT	76,723	70,641									
C1F	CALCIUM REPLACEMENT	141,227	130,990									
C1H	MAGNESIUM SALTS REPLACEMENT	5,418	4,899									
C1P	PHOSPHATE REPLACEMENT	660	565									
C1W	ELECTROLYTE MAINTENANCE	585	471									
C3B	IRON REPLACEMENT	83,449	77,408									
C3C	ZINC REPLACEMENT	11,445	10,599									
C3H	IODINE CONTAINING AGENTS	159	146									
C3M	MINERAL REPLACEMENT,MISCELLANEOUS	197	62									
C4G	INSULINS	88,476	58,526									
C4H	ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE	287	255									
C4I	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST	1,868	1,740									
C4K	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	50,566	45,985									
C4L	HYPOGLYCEMICS, BIGUANIDE TYPE (NON-SULFONYLUREA	53,954	50,476									
C4M	HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIB TYPE (N-S)	663	620									
C4N	HYPOGLYCEMICS, INSULIN-RESPONSE ENHANCER (N-S)	37,184	35,001									
C4R	HYPOGLY, INSULIN-RESPONSE & INSULIN RELEASE COMB.	178	172									
C4S	HYPOGLY, INSULIN-REL STIM. & BIGUANIDE (N-S) COMB.	5,834	5,505									
C4T	HYPOGLY, INSUL-RESP. ENHANCER & BIGUANIDE COMB.	895	856									

ATTACHMENT 3.4 --continued-- RetroDUR Exceptions & Interventions

RETROSPECTIVE DUR CRITERIA				INDIANA MEDICAID RETRODUR PROGRAMS								
Thera Class Code	THERAPEUTIC CLASS DESCRIPTION (NOTE: Check all relevant boxes).	# CLAIMS	# Utilizers	Month	Program Type	# PT SCREEN-ED	# PT TAR-GETED	CA or PDL ED	OU	TA	GA	TD
C5B	PROTEIN REPLACEMENT	192	50									
C5J	IV SOLUTIONS: DEXTROSE-WATER	2,194	697									
C5K	IV SOLUTIONS: DEXTROSE-SALINE	629	286									
C5M	IV SOLUTIONS: DEXTROSE AND LACTATED RINGERS	17	12									
C5O	DILUENT SOLUTIONS	33	30									
C6A	VITAMIN A PREPARATIONS	7	7									
C6B	VITAMIN B PREPARATIONS	24,268	22,748									
C6C	VITAMIN C PREPARATIONS	35,547	32,749									
C6D	VITAMIN D PREPARATIONS	2,815	2,612									
C6E	VITAMIN E PREPARATIONS	15,184	14,011									
C6F	PRENATAL VITAMIN PREPARATIONS	14,417	14,083									
C6G	GERIATRIC VITAMIN PREPARATIONS	5,915	5,531									
C6H	PEDIATRIC VITAMIN PREPARATIONS	6,874	6,466									
C6K	VITAMIN K PREPARATIONS	907	770									
C6L	VITAMIN B12 PREPARATIONS	16,437	15,081									
C6M	FOLIC ACID PREPARATIONS	34,624	32,622									
C6N	NIACIN PREPARATIONS	2,188	1,920									
C6Q	VITAMIN B6 PREPARATIONS	4,356	4,028									
C6R	VITAMIN B2 PREPARATIONS	122	118									
C6T	VITAMIN B1 PREPARATIONS	6,854	6,265									
C6Z	MULTIVITAMIN PREPARATIONS	230,025	208,663									
C7A	HYPERURICEMIA TX - PURINE INHIBITORS	10,459	9,893									
C7B	DECARBOXYLASE INHIBITORS	32	29									
C7D	METABOLIC DEFICIENCY AGENTS	2,202	1,956									
C7F	APPETITE STIM. FOR ANOREXIA,CACHEXIA,WASTING SYNI	4,127	3,509									
C8A	METALLIC POISON,AGENTS TO TREAT	209	128									
D1A	PERIODONTAL COLLAGENASE INHIBITORS	403	383									
D1D	DENTAL AIDS AND PREPARATIONS	6,627	6,051									
D2A	FLUORIDE PREPARATIONS	2,244	2,147									
D4A	ACID REPLACEMENT	4	2									
D4B	ANTACIDS	30,657	24,444									
D4E	ANTI-ULCER PREPARATIONS	3,671	3,238									
D4F	ANTI-ULCER-H.PYLORI AGENTS	145	141									
D4G	GASTRIC ENZYMES	2,228	1,806									
D4I	ORAL MUCOSITIS/STOMATITIS ANTI-INFLAMMATORY AGEN	1	1									
D4K	GASTRIC ACID SECRETION REDUCERS	269,598	240,964									
D4N	ANTIFLATULENTS	3,628	2,540									
D5P	INTESTINAL ADSORBENTS AND PROTECTIVES	14	13									
D6A	DRUGS TO TX CHRONIC INFLAMM. DISEASE OF COLON	9	8									
D6C	IRRITABLE BOWEL SYND. AGENT,5HT-3 ANTAGONIST-TYPE	73	69									
D6D	ANTIDIARRHEALS	15,326	13,218									
D6E	IRRITABLE BOWEL SYND. AGENT,5HT-4 PARTIAL AGONIST	8,638	8,124									
D6F	DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT	2,387	2,242									
D6S	LAXATIVES AND CATHARTICS	284,234	214,491									
D7A	BILE SALTS	940	894									
D7D	DRUGS TO TREAT HEREDITARY TYROSINEMIA	15	8									
D7L	BILE SALT SEQUESTRANTS	2,093	1,888									
D8A	PANCREATIC ENZYMES	2,926	2,637									
D9A	AMMONIA INHIBITORS	3,768	2,931									
F1A	ANDROGENIC AGENTS	1,811	1,665									
F2A	DRUGS TO TREAT IMPOTENCY	30	29									
G1A	ESTROGENIC AGENTS	28,813	27,079									
G1B	ESTROGEN/ANDROGEN COMBINATIONS	2	2									
G2A	PROGESTATIONAL AGENTS	3,841	3,572									
G3A	OXYTOCICS	191	188									
G8A	CONTRACEPTIVES,ORAL	22,288	20,474									
G8C	CONTRACEPTIVES,INJECTABLE	3,986	3,882									
G8F	CONTRACEPTIVES,TRANSDERMAL	3,256	3,024									
G9A	CONTRACEPTIVES,INTRAVAGINAL	2	2									
G9B	CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	517	490									
H0A	LOCAL ANESTHETICS	3,522	2,784									
H0E	AGENTS TO TREAT MULTIPLE SCLEROSIS	3,583	3,275									
H1A	ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS	10,402	9,465									
H2A	CENTRAL NERVOUS SYSTEM STIMULANTS	144	131									
H2C	GENERAL ANESTHETICS,INJECTABLE	123	95									
H2D	BARBITURATES	23,098	19,271									
H2E	SEDATIVE-HYPNOTICS,NON-BARBITURATE	75,559	66,653									
H2F	**ANTI-ANXIETY DRUGS**	**285,185**	**238,708**	**May-06**	**RetroDUR**	**817**	**739**			**X**		
H2G	ANTI-PSYCHOTICS,PHENOTHIAZINES	12,571	9,735									
H2H	MONOAMINE OXIDASE(MAO) INHIBITORS	16	16									
H2M	ANTI-MANIA DRUGS	15,251	13,039									
H2S	**SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)**	**223,415**	**200,231**	**Feb-06, Apr-06**	**IBM**	**290**	**203**					**X**
H2U	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	40,759	37,170									
H2V	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEP	48,714	39,938									
H2W	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATI	683	641									
H2X	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINA	329	318									
H3A	**ANALGESICS,NARCOTICS**	**451,015**	**279,117**	**Dec-05, Mar-06**	**RetroDUR**	**592**	**275**					**X**

ATTACHMENT 3.4 --continued-- RetroDUR Exceptions & Interventions

RETROSPECTIVE DUR CRITERIA				INDIANA MEDICAID RETRODUR PROGRAMS								
Thera Class Code	THERAPEUTIC CLASS DESCRIPTION (NOTE: Check all relevant boxes).	# CLAIMS	# Utilizers	Month	Program Type	# PT SCREEN-ED	# PT TAR-GETED	CA or PDL ED	OU	TA	GA	TD
H3C	ANALGESICS,NON-NARCOTICS	14	2									
H3D	ANALGESIC/ANTIPYRETICS, SALICYLATES	168,655	156,493									
H3E	ANALGESIC/ANTIPYRETICS,NON-SALICYLATE	143,487	117,832									
H3F	ANTIMIGRAINE PREPARATIONS	9,102	8,306									
H3H	ANALGESICS NARCOTIC, ANESTHETIC ADJUNCT AGENTS	2	1									
H3N	ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATI	2,698	2,204									
H3T	NARCOTIC ANTAGONISTS	1,155	1,038									
H4B	ANTICONVULSANTS	383,449	259,430									
H6A	ANTIPARKINSONISM DRUGS,OTHER	22,240	17,535									
H6B	ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC	26,529	23,501									
H6C	ANTITUSSIVES,NON-NARCOTIC	8,644	7,907									
H6E	EMETICS	40	40									
H6H	SKELETAL MUSCLE RELAXANTS	82,671	71,379									
H6I	AMYOTROPHIC LATERAL SCLEROSIS AGENTS	64	59									
H6J	ANTIEMETIC/ANTIVERTIGO AGENTS	24,649	20,080									
H7B	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	29,211	26,623									
H7C	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	56,278	48,528									
H7D	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRI	38,188	34,644									
H7E	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS	46,775	42,485									
H7J	MAOIS - NON-SELECTIVE & IRREVERSIBLE	87	77									
H7N	SMOKING DETERRENTS, OTHER	308	301									
H7O	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHEN	11,140	8,780									
H7P	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHE	1,789	1,515									
H7R	ANTIPSYCH,DOPAMINE ANTAG.,DIPHENYLBUTYLPIPERIDIN	141	126									
H7S	ANTIPSYCHOTICS,DOPAMINE ANTAGONST,DIHYDROINDOL	203	174									
H7T	ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANT	230,959	162,148									
H7U	ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONIST	876	736									
H7W	ANTI-NARCOLEPSY & ANTI-CATAPLEXY,SEDATIVE-TYPE AG	72	66									
H7X	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	35,477	29,330									
H7Y	TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE	16,022	13,405									
H7Z	SSRI &ANTIPSYCH,ATYP,DOPAMINE&SEROTONIN ANTAG C	1,203	1,118									
H8B	HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS	2,073	1,963									
J1A	PARASYMPATHETIC AGENTS	1,647	1,528									
J1B	CHOLINESTERASE INHIBITORS	29,646	27,045									
J2A	BELLADONNA ALKALOIDS	5,707	5,245									
J2B	ANTICHOLINERGICS,QUATERNARY AMMONIUM	2,970	2,685									
J2D	ANTICHOLINERGICS/ANTISPASMODICS	6,657	6,218									
J3A	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHER	8,103	6,632									
J3C	SMOKING DETERRENT-NICOTINIC RECEPT.PARTIAL AGONI	350	303									
J5A	ADRENERGIC AGENTS,CATECHOLAMINES	28	27									
J5B	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	36,022	29,288									
J5D	**BETA-ADRENERGIC AGENTS**	**121,597**	**94,750**	**Mar-06**	**RetroDUR**	**243**	**93**		**X**			
J5E	SYMPATHOMIMETIC AGENTS	6,405	5,798									
J5F	ANAPHYLAXIS THERAPY AGENTS	1,237	1,196									
J5G	BETA-ADRENERGICS AND GLUCOCORTICOIDS COMBINATI	28,827	27,875									
J5H	ADRENERGIC VASOPRESSOR AGENTS	717	668									
J7A	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	17,694	16,415									
J7B	ALPHA-ADRENERGIC BLOCKING AGENTS	8,037	7,415									
J7C	BETA-ADRENERGIC BLOCKING AGENTS	129,223	119,978									
J9A	INTESTINAL MOTILITY STIMULANTS	23,476	21,698									
J9B	ANTISPASMODIC AGENTS	57	54									
L0B	TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES	18,622	11,602									
L0C	DIABETIC ULCER PREPARATIONS,TOPICAL	334	269									
L1A	ANTIPSORIATIC AGENTS,SYSTEMIC	130	118									
L1B	ACNE AGENTS,SYSTEMIC	126	113									
L2A	EMOLLIENTS	9,048	8,109									
L3A	PROTECTIVES	2,738	1,829									
L3P	ANTIPRURITICS,TOPICAL	440	325									
L4A	ASTRINGENTS	17	14									
L5A	KERATOLYTICS	3,790	3,465									
L5B	SUNSCREENS	21	21									
L5E	ANTISEBORRHEIC AGENTS	3,199	3,002									
L5F	ANTIPSORIATICS AGENTS	1,146	955									
L5G	ROSACEA AGENTS, TOPICAL	1,035	962									
L5H	ACNE AGENTS,TOPICAL	1,503	1,411									
L6A	IRRITANTS/COUNTER-IRRITANTS	2,211	1,751									
L7A	SHAMPOOS/LOTION	2	2									
L8B	ANTIPERSPIRANTS	150	145									
L9A	TOPICAL AGENTS,MISCELLANEOUS	70	70									
L9B	VITAMIN A DERIVATIVES	1,479	1,402									
L9C	HYPOPIGMENTATION AGENTS	141	129									
M0B	PLASMA PROTEINS	5	2									
M0E	ANTIHEMOPHILIC FACTORS	537	362									
M0F	FACTOR IX PREPARATIONS	120	75									
M4B	IV FAT EMULSIONS	192	57									
M4E	LIPOTROPICS	189,576	159,956									

ATTACHMENT 3.4 --continued-- RetroDUR Exceptions & Interventions

RETROSPECTIVE DUR CRITERIA				INDIANA MEDICAID RETRODUR PROGRAMS								
Thera Class Code	THERAPEUTIC CLASS DESCRIPTION (NOTE: Check all relevant boxes).	# CLAIMS	# Utilizers	Month	Program Type	# PT SCREEN-ED	# PT TAR-GETED	CA or PDL ED	OU	TA	GA	TD
M4G	HYPERGLYCEMICS	3,264	2,334									
M4I	ANTIHYPERLIP(HMGCOA) & CALCIUM CHANNEL BLOCKER (	2,810	2,677									
M9A	TOPICAL HEMOSTATICS	14	13									
M9D	ANTIFIBRINOLYTIC AGENTS	67	61									
M9F	THROMBOLYTIC ENZYMES	114	62									
M9K	HEPARIN AND RELATED PREPARATIONS	9,922	5,544									
M9L	ANTICOAGULANTS,COUMARIN TYPE	45,211	29,808									
M9P	PLATELET AGGREGATION INHIBITORS	49,043	45,601									
M9S	HEMORRHEOLOGIC AGENTS	2,177	2,087									
N1B	HEMATINICS,OTHER	5,498	3,407									
N1C	LEUKOCYTE (WBC) STIMULANTS	352	245									
N1D	PLATELET REDUCING AGENTS	85	79									
N1E	PLATELET PROLIFERATION STIMULANTS	5	5									
P0B	FOLLICLE STIM./LUTEINIZING HORMONES	6	6									
P1A	GROWTH HORMONES	820	736									
P1B	SOMATOSTATIC AGENTS	245	207									
P1E	ADRENOCORTICOTROPHIC HORMONES	11	10									
P1F	PITUITARY SUPPRESSIVE AGENTS	231	221									
P1M	LHRH(GNRH) AGONIST ANALOG PITUITARY SUPPRESSANT	176	165									
P1P	LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBE	86	80									
P2B	ANTIDIURETIC AND VASOPRESSOR HORMONES	6,633	5,789									
P3A	THYROID HORMONES	92,257	83,082									
P3B	THYROID FUNCTION DIAGNOSTIC AGENTS	1	1									
P3L	ANTITHYROID PREPARATIONS	1,160	1,091									
P4B	BONE FORMATION STIM. AGENTS - PARATHYROID HORMO	589	562									
P4D	HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TY	597	524									
P4L	BONE RESORPTION INHIBITORS	38,736	35,063									
P4M	CALCIMIMETIC,PARATHYROID CALCIUM ENHANCER	1,525	1,430									
P4N	BONE RESORPTION INHIBITOR & VITAMIN D COMBINATION	872	820									
P4O	BONE RESORPTION INHIBITOR & CALCIUM COMBINATIONS	11	11									
P5A	GLUCOCORTICOIDS	70,779	60,707									
P5S	MINERALOCORTICOIDS	1,756	1,633									
P6A	PINEAL HORMONE AGENTS	1	1									
P7A	INSULIN-LIKE GROWTH FACTOR-1 (IGF-1) HORMONES	2	2									
Q2C	OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-	1,609	1,389									
Q3A	RECTAL PREPARATIONS	1,941	1,710									
Q3B	RECTAL/LOWER BOWEL PREP.,GLUCOCORT. (NON-HEMOF	23	23									
Q3D	HEMORRHOIDAL PREPARATIONS	805	676									
Q3E	CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT,RECTAL TX	132	118									
Q3H	HEMORRHOIDALS, LOCAL RECTAL ANESTHETICS	247	193									
Q3I	HEMORRHOIDAL PREP, ANTI-INFAM STEROID/LOCAL ANES	118	106									
Q3S	LAXATIVES, LOCAL/RECTAL	21,810	18,734									
Q4A	VAGINAL PREPARATIONS	6	6									
Q4B	VAGINAL ANTISEPTICS	17	17									
Q4F	VAGINAL ANTIFUNGALS	3,217	3,054									
Q4H	VAGINAL/CERVICAL CARE AND TREATMENT AGENTS	10	10									
Q4K	VAGINAL ESTROGEN PREPARATIONS	1,427	1,352									
Q4S	VAGINAL SULFONAMIDES	8	8									
Q4W	VAGINAL ANTIBIOTICS	751	733									
Q5A	TOPICAL PREPARATIONS,MISCELLANEOUS	9	6									
Q5B	TOPICAL PREPARATIONS,ANTIBACTERIALS	446	380									
Q5F	TOPICAL ANTIFUNGALS	39,247	31,347									
Q5G	TOPICAL ANTIFUNGALS-ANTIBACTERIALS AGENTS	12	6									
Q5H	TOPICAL LOCAL ANESTHETICS	10,322	9,009									
Q5K	TOPICAL IMMUNOSUPPRESSIVE AGENTS	2,730	2,486									
Q5N	TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGN	130	122									
Q5P	TOPICAL ANTI-INFLAMMATORY STEROIDAL	30,563	25,410									
Q5R	TOPICAL ANTIPARASITICS	6,825	6,087									
Q5S	TOPICAL SULFONAMIDES	4,077	3,189									
Q5V	TOPICAL ANTIVIRALS	1,862	1,626									
Q5W	TOPICAL ANTIBIOTICS	43,672	37,079									
Q5X	TOPICAL ANTIBIOTICS/ANTIINFLAMMATORY,STEROIDAL	114	79									
Q6A	OPHTHALMIC PREPARATIONS, MISCELLANEOUS	6	6									
Q6C	EYE VASOCONSTRICTORS (RX ONLY)	46	44									
Q6D	EYE VASOCONSTRICTORS (OTC ONLY)	193	181									
Q6G	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	16,938	12,322									
Q6H	EYE LOCAL ANESTHETICS	3	3									
Q6I	EYE ANTIBIOTIC-CORTICOID COMBINATIONS	1,244	1,162									
Q6J	MYDRIATICS	717	680									
Q6P	EYE ANTIINFLAMMATORY AGENTS	4,086	3,549									
Q6R	EYE ANTIHISTAMINES	3,628	3,389									
Q6S	EYE SULFONAMIDES	2,028	1,985									
Q6T	ARTIFICIAL TEARS	29,153	25,342									
Q6U	OPHTHALMIC MAST CELL STABILIZERS	438	411									
Q6V	EYE ANTIVIRALS	69	64									
Q6W	OPHTHALMIC ANTIBIOTICS	10,696	9,731									

ATTACHMENT 3.4 --continued-- RetroDUR Exceptions & Interventions

RETROSPECTIVE DUR CRITERIA				INDIANA MEDICAID RETRODUR PROGRAMS								
Thera Class Code	THERAPEUTIC CLASS DESCRIPTION (NOTE: Check all relevant boxes).	# CLAIMS	# Utilizers	Month	Program Type	# PT SCREEN-ED	# PT TAR-GETED	CA or PDL ED	OU	TA	GA	TD
Q6Y	EYE PREPARATIONS, MISCELLANEOUS (OTC)	4,118	3,309									
Q7A	NOSE PREPARATIONS, MISCELLANEOUS (RX)	738	694									
Q7D	NOSE PREPARATIONS, VASOCONSTRICTORS(OTC)	2	1									
Q7E	NASAL ANTIHISTAMINE	1,906	1,854									
Q7H	NASAL MAST CELL STABILIZERS AGENTS	63	62									
Q7P	NASAL ANTI-INFLAMMATORY STEROIDS	30,382	29,121									
Q7W	NOSE PREPARATIONS ANTIBIOTICS	36	35									
Q7Y	NOSE PREPARATIONS, MISCELLANEOUS (OTC)	4,136	3,838									
Q8B	EAR PREPARATIONS, MISC. ANTI-INFECTIVES	666	625									
Q8F	OTIC PREPARATIONS,ANTI-INFLAMMATORY-ANTIBIOTICS	2,324	2,228									
Q8H	EAR PREPARATIONS,LOCAL ANESTHETICS	1,522	1,509									
Q8P	EAR PREPARATIONS ANTI-INFLAMMATORY	5	4									
Q8R	EAR PREPARATIONS,EAR WAX REMOVERS	4,478	4,344									
Q8W	EAR PREPARATIONS,ANTIBIOTICS	4,851	4,687									
Q9B	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	12,688	11,198									
R1A	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AG	35,888	32,393									
R1B	OSMOTIC DIURETICS	1	1									
R1C	INORGANIC SALT DIURETICS	1	1									
R1E	CARBONIC ANHYDRASE INHIBITORS	1,706	1,594									
R1F	THIAZIDE AND RELATED DIURETICS	41,968	39,572									
R1H	POTASSIUM SPARING DIURETICS	18,740	17,582									
R1I	URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG	1,640	1,516									
R1L	POTASSIUM SPARING DIURETICS IN COMBINATION	20,235	19,227									
R1M	LOOP DIURETICS	106,399	96,036									
R1R	URICOSURIC AGENTS	279	272									
R1S	URINARY PH MODIFIERS	1,294	1,154									
R4A	KIDNEY STONE AGENTS	13	12									
R5A	URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE	3,030	2,807									
R5B	URINARY TRACT ANALGESIC AGENTS	448	428									
S2A	COLCHICINE	2,505	2,364									
S2B	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	121,025	110,654									
S2C	GOLD SALTS	24	23									
S2H	ANTI-INFLAMMATORY/ANTIARTHRITICS AGENTS, MISC.	36	34									
S2I	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR	852	816									
S2J	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITO	1,946	1,803									
S2K	ANTI-ARTHRITIC AND CHELATING AGENTS	67	66									
S2M	ANTI-FLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST	40	40									
S2N	ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS	4	4									
S2P	NSAID, COX INHIBITOR-TYPE & PROTON PUMP INHIB COME	51	47									
S2Q	ANTINFLAMMATORY, SEL.COSTIM.MOD.,T-CELL INHIBITOR	6	5									
S7A	NEUROMUSCULAR BLOCKING AGENTS	50	49									
T0A	TOPICAL VIT D ANALOG/ANTIINFLAMMATORY, STEROIDAL	8	7									
U6A	PHARMACEUTICAL ADJUVANTS, TABLETING	150	104									
U6E	OINTMENT/CREAM BASES	344	183									
U6F	HYDROPHILIC CREAM/OINTMENT BASES	325	244									
U6H	SOLVENTS	3,981	2,408									
U6N	VEHICLES	17,950	13,965									
U6W	BULK CHEMICALS	4,470	3,237									
U7A	SUSPENDING AGENTS	51	37									
U7H	ANTICORROSIVE AGENTS	1	1									
U7K	FLAVORING AGENTS	296	227									
U7N	SWEETENERS	6	5									
V1A	ALKYLATING AGENTS	1,083	881									
V1B	ANTIMETABOLITES	4,832	4,255									
V1C	VINCA ALKALOIDS	5	5									
V1E	STEROID ANTINEOPLASTICS	1,480	1,367									
V1F	ANTINEOPLASTICS,MISCELLANEOUS	3,213	3,076									
V1I	CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	416	381									
V1J	ANTIANDROGENIC AGENTS	329	303									
V1N	SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)	4	3									
V1O	ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPI	86	85									
V1Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	580	545									
V1T	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)	2,083	1,981									
W1A	PENICILLINS	75,596	68,681									
W1C	TETRACYCLINES	17,844	16,365									
W1D	MACROLIDES	43,863	41,328									
W1E	CHLORAMPHENICOL AND DERIVATIVES	1	1									
W1F	AMINOGLYCOSIDES	2,565	1,644									
W1G	ANTITUBERCULAR ANTIBIOTICS	481	413									
W1J	VANCOMYCIN AND DERIVATIVES	3,602	1,224									
W1K	LINCOSAMIDES	6,064	5,403									
W1L	ANTIBIOTICS, MISCELLANEOUS, OTHER	36	15									
W1M	STREPTOGRAMINS	3	1									
W1N	POLYMYXIN AND DERIVATIVES	76	49									
W1O	OXAZOLIDINONES	435	345									

ATTACHMENT 3.4 --continued-- RetroDUR Exceptions & Interventions

RETROSPECTIVE DUR CRITERIA				INDIANA MEDICAID RETRODUR PROGRAMS								
Thera Class Code	THERAPEUTIC CLASS DESCRIPTION (NOTE: Check all relevant boxes).	# CLAIMS	# Utilizers	Month	Program Type	# PT SCREEN-ED	# PT TAR-GETED	CA or PDL ED	OU	TA	GA	TD
W1P	BETALACTAMS	109	42									
W1Q	QUINOLONES	44,517	36,680									
W1S	CARBAPENEMS (THIENAMYCINS)	948	347									
W1W	CEPHALOSPORINS - 1ST GENERATION	34,860	30,914									
W1X	CEPHALOSPORINS - 2ND GENERATION	6,347	5,837									
W1Y	CEPHALOSPORINS - 3RD GENERATION	12,152	10,423									
W1Z	CEPHALOSPORINS - 4TH GENERATION	312	123									
W2A	ABSORBABLE SULFONAMIDES	25,861	23,554									
W2E	ANTI-MYCOBACTERIUM AGENTS	750	610									
W2F	NITROFURAN DERIVATIVES	11,979	10,559									
W2G	CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.	983	919									
W3A	ANTIFUNGAL ANTIBIOTICS	7,136	6,357									
W3B	ANTIFUNGAL AGENTS	16,365	14,711									
W4A	ANTIMALARIAL DRUGS	11,969	11,359									
W4C	AMEBACIDES	3	3									
W4E	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	9,834	9,043									
W4G	2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL	16	15									
W4K	ANTIPROTOZOAL DRUGS,MISCELLANEOUS	151	136									
W4L	ANTHELMINTICS	540	518									
W4M	ANTIPARASITICS	40	34									
W4P	ANTILEPROTICS	613	566									
W5A	ANTIVIRALS, GENERAL	7,060	6,451									
W5C	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	2,572	1,599									
W5D	ANTIVIRAL MONOCLONAL ANTIBODIES	623	446									
W5F	HEPATITIS B TREATMENT AGENTS	226	213									
W5G	HEPATITIS C TREATMENT AGENTS	1,775	943									
W5I	ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI	694	661									
W5J	ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI	2,668	1,718									
W5K	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	2,149	2,012									
W5L	ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB	1,746	1,651									
W5M	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB	1,297	1,211									
W5N	ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS	91	85									
W5O	ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALO	1,768	1,681									
W5P	ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB	27	27									
W5Q	ARTV CMB NUCLEOSIDE,NUCLEOTIDE,&NON-NUCLEOSIDE	61	59									
W7B	VIRAL/TUMORIGENIC VACCINES	215	191									
W7C	INFLUENZA VIRUS VACCINES	3,807	3,741									
W7J	NEUROTOXIC VIRUS VACCINES	1	1									
W7K	ANTISERA	169	121									
W7L	GRAM POSITIVE COCCI VACCINES	2,907	2,894									
W7M	GRAM (-) BACILLI (NON-ENTERIC) VACCINES	1	1									
W7N	TOXIN-PRODUCING BACILLI VACCINES/TOXOIDS	3	3									
W7Q	GRAM NEGATIVE COCCI VACCINES	4	4									
W7T	ANTIGENIC SKIN TESTS	295	294									
W7Z	VACCINE/TOXOID PREPARATIONS,COMBINATIONS	207	169									
W8D	OXIDIZING AGENTS	195	107									
W8E	ANTISEPTICS,GENERAL	1	1									
W8F	IRRIGANTS	2,857	2,055									
W8G	ANTISEPTICS,MISCELLANEOUS	10	10									
W8N	TOPICAL ANTISEPTIC DRYING AGENTS	30	30									
W8T	PRESERVATIVES	1	1									
W9A	KETOLIDES	207	193									
W9B	CYCLIC LIPOPEPTIDES	222	81									
W9C	RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	178	156									
W9D	GLYCYLCYCLINES	66	21									
X2B	SYRINGES AND ACCESSORIES	7	1									
X3A	OSTOMY SUPPLIES	5	4									
X5B	BANDAGES AND RELATED SUPPLIES	15	8									
Y0A	DURABLE MEDICAL EQUIPMENT,MISCELLANEOUS	22	12									
Z1G	DRUGS TO TX GAUCHER DX-TYPE 1, SUBSTRATE REDUCIN	3	3									
Z1J	METABOLIC DX ENZYME REPLACE, MUCOPOLYSACCHARID	6	3									
Z2A	ANTIHISTAMINES	8	7									
Z2E	IMMUNOSUPPRESSIVES	9,336	6,059									
Z2F	MAST CELL STABILIZERS	1,140	991									
Z2G	IMMUNOMODULATORS	713	651									
Z2H	SYSTEMIC ENZYME INHIBITORS	60	57									
Z2L	MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E(IGE)	233	220									
Z2M	IMMUNOSUPP - MONOCLONAL AB INHIBITING T LYMPH FXN	1	1									
Z2N	1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIOI	6,374	6,020									
Z2O	2ND GEN ANTIHISTAMINE & DECONGESTANT COMBINATIO	4,851	4,542									
Z2P	ANTIHISTAMINES - 1ST GENERATION	70,878	59,772									
Z2Q	ANTIHISTAMINES - 2ND GENERATION	127,197	118,608									
Z4B	LEUKOTRIENE RECEPTOR ANTAGONISTS	34,901	33,069									
Z4E	5-LIPOXYGENASE INHIBITORS	5	5									

ATTACHMENT 3.5 RetroDUR Interventions Performed – Description

The following information is a year-end summary description of RetroDUR activities that were approved by the DUR Board and performed by ACS through the following RetroDUR program types: standard RetroDUR programs and IBM (phone calls to prescribers). TAI (therapeutic academic interventions or face-to-face physician visits) was stopped in FFY 2005 under negotiation of a new contract.

(Note: Not all RetroDUR criteria and initiatives include cost savings. Quality of care initiatives may actually increase pharmacy costs, while reducing the use of other resources, such as medical expenditures, and improving the quality of life of the participant).

INDIANA MEDICAID -- FFY 2006

Month	Intervention Name	IBM	Retro DUR	Intervention Description
OCT & NOV 2005	No Intervention			
Dec-05	**Oxycodone ER Dose Optimization**		X	Patients included in this review were patients who had received therapy with more than two doses per day of Oxycodone Extended Release tablets. Per manufacturer's recommendations, the controlled-release nature of the Oxycodone Extended Release tablets formulation is most effectively administered every 12 hours. The RetroDUR pharmacist contacted the prescriber of record by mail to request a re-evaluation of their patient's therapy.
Jan-06	No Intervention			
Feb-06	**Zoloft Dose Optimization**	X		Patients included in this review had received therapy with Zoloft® 25mg and Zoloft® 50mg , taking more than one dose per day. Due to the fact that this drug is flat-priced across all dosages, it is more cost effective to convert patients currently taking more than one dose of Zoloft® 25mg or Zoloft® 50mg per day to Zoloft® 50mg or Zoloft® 100mg tablet per dose.The IBM pharmacist contacted the prescriber of record by phone to request a re-evaluation of their patient's therapy to a more cost effective one.
Mar-06	**Over-Utilization of Short-Acting Beta Agonists**		X	Patients included in this review had received more than one prescription for a short-acting Beta-2 Agonist and had not received a prescription for an inhaled corticosteroid medication for the months of December 2005 through February 2006. The RetroDUR pharmacist contacted the prescriber of record by fax/mail to request a re-evaluation of their patient's
	Oxycodone ER Dose Optimization		X	Patients included in this review were patients who had received therapy with more than two doses per day of Oxycodone Extended Release tablets. Per manufacturer's recommendations, the controlled-release nature of the Oxycodone Extended Release tablets formulation is most effectively administered every 12 hours. The RetroDUR pharmacist contacted the prescriber of record by mail to request a re-evaluation of their patient's therapy.
Apr-06	**Zoloft Dose Optimization**	X		Patients included in this review had received therapy with Zoloft® 25mg and Zoloft® 50mg , taking more than one dose per day. Due to the fact that this drug is flat-priced across all dosages, it is more cost effective to convert patients currently taking more than one dose of Zoloft® 25mg or Zoloft® 50mg per day to Zoloft® 50mg or Zoloft® 100mg tablet per dose.The IBM pharmacist contacted the prescriber of record by phone to request a re-evaluation of their patient's therapy to a more cost effective one.
May-06	**Inappropriate Use of Long-Acting Benzodiazepines in the Elderly**		X	Patients included in this review were elderly patients who had received a non-recommended long-acting benzodiazepine. Long-acting benzodiazepines are not recommended for use in the elderly due to potential for excessive drug accumulation and possible adverse effects. The RetroDUR pharmacist contacted the prescriber of record by fax/mail to request a re-evaluation of their patient's therapy and to consider a non-benzodiazepine alternative if appropriate or to use low doses of a short-acting agent for as short of a duration as possible.
JUNE & JULY 2006	No Intervention			
AUG & SEPT 2006	No Intervention			

ATTACHMENT 4. SUMMARY Of DUR BOARD ACTIVITIES

A. Indicate the number of DUR Board meetings held.

A. DUR Board meetings are held monthly. Twelve meetings were held during FFY 2006.

B. List additions/deletions to DUR Board approved criteria.

1. For prospective DUR, list problem type/drug combinations added or deleted.
See Attachment 4.1 for modifications [additions & deletions] to DUR Board-approved ProDUR criteria.

For prospective DUR, the DUR Board worked on two major initiatives:

(1) One ProDUR Edit was converted from an overridable (soft) edit by the pharmacist to requiring Prior Authorization (or hard edit) -- The DUR Board adopted a change to the ProDUR criterion for acetaminophen and acetaminophen-containing drugs taken > 3grams per day from an overrideable (soft) ProDUR edit to non-overrideable (hard) edit requiring Prior Authorization (PA).

(2) Quantity Limits and Duration Limits were added to certain drugs as part of the regular biannual PDL class reviews – The DUR Board established quantity limits and duration limits as part of their continued review of the PDL program & continued efforts to encourage rational drug use and prescribing. For example, if an IN dispensing pharmacist attempted to fill certain medications with more quantity or longer duration than was allowed under Prospective Therapeutic Appropriateness limit rules, then the ProDUR alert would reject the claim, notifying the dispensing pharmacist of the limit. The dispensing pharmacist either could call for a PA, if there were medical justification on why the higher quantity or longer duration was needed, or the pharmacist could modify the prescription (after verification with the prescriber) to only dispense up to the limits allowed.

2. For retrospective DUR, list therapeutic categories added or deleted.
See Attachment 4.2 for additions and deletions of DUR Board-approved RetroDUR criteria.

C. Describe Board policies that establish whether and how results of prospective DUR screenings are used to adjust retrospective DUR screens. Also, describe policies that establish whether and how results of retrospective DUR screenings are used to adjust prospective DUR screens.

Analyses of both ProDUR and RetroDUR edits and criteria have always been used by the OMPP (through its contractors and the DUR Board) to help establish new cost-containment initiatives and to monitor rational drug use and prescribing. It has been standard practice by the OMPP and DUR Board to expect that the contractor would develop and present innovative ideas on cost containment & therapeutic appropriateness through DUR program efforts.

The DUR Board advises on formularies, ProDUR & PA programs, RetroDUR programs, and newsletters (through the contractor) that address educational issues that relate to the prescribing and utilization of prescription drugs in the most cost-effective manner.

ATTACHMENT 4 -- continued –

In FFY 2006, while OMPP switched to EDS as the contractor for claims processing, ACS continued to be the clinical programs contractor. As the clinical programs contractor for OMPP, ACS reviewed drug trends for ideas on cost containment, therapeutic appropriateness, & overuse under the oversight of OMPP and the DUR Board. For FFY 2006, these ideas were implemented in the form of ***quantity & duration limits*** and ***prior authorization*** prospectively and in the form of ***phone/fax and letter interventions on dose optimization and therapeutic appropriateness*** retrospectively.

Up to a certain threshold, the more RetroDUR screenings & interventions that are performed, the higher the RetroDUR savings. The DUR Board approved and ACS conducted less RetroDUR interventions in FFY06 than in FFY05 and in FFY04, which resulted in a drop in RetroDUR savings from $2.3 million in FFY04 and $1.61 million in FFY05 to $59,201.

D. Describe any policies used to encourage the use of therapeutically equivalent generic drugs. Include relevant documentation, if available, as ATTACHMENT 5.

See Attachment 5 for specific descriptions & relevant documentation.

The State of Indiana has a mandatory generic substitution statute. Indiana regulation was also added to require Prior Authorization for prescriptions written as "Brand Medically Necessary" when generic substitution is possible.

E. Describe DUR Board involvement in the DUR education program (e.g., newsletters, continuing education, etc). Also, describe policies adopted to determine mix of patient or provider specific intervention types (e.g., letters, face to face visits, increased monitoring).

- The DUR Board sets the types and quantities of DUR interventions. However OMPP has contracted ACS to conduct a minimum of 1,200 prescriber contacts/interventions spread over the course of the year, or about 300 prescriber contacts per quarter.
- Provider bulletins and DUR Board Newsletters, that notify and educate prescribers and pharmacists on specific topics associated with the ProDUR and RetroDUR programs, are reviewed and approved by OMPP and the DUR Board.
- There are no written policies to determine mix of patient or provider specific intervention types. However, Indiana required ACS to perform monitoring of claims, to present RetroDUR criteria on cost containment and to perform at least 400 RetroDUR interventions to prescribers about specific patients' drug therapy problems or cost containment issues during the year. RetroDUR interventions were performed either by IBM (calls and fax letters to prescribers) or RetroDUR (mail letters to prescribers). There were no face-to-face visits.
- IBM (calls and faxed letters) and Regular RetroDUR (mailed letters) educational interventions were also reviewed and approved by the DUR Board.

Attachment 4.3 contains meeting minutes highlighting DUR Board involvement in DUR education.
Attachment 4.4 contains DUR Board Newsletters & relevant Provider Bulletins.

INDIANA MEDICAID DUR PROGRAMS - CMS FFY 2006

Attachment 4.1 PROSPECTIVE DUR CRITERIA CHANGES

^^ **CHANGES WERE FROM OVERRIDES TO PRIOR AUTHORIZATION (PA) REQUIRED**

* Implementation Dates
- Pro-DUR Criteria Requiring PA

The DUR Board Has Adopted ProDUR Criteria Changes Listed Below by Problem Type

INAPPROPRIATE DOSE (HIGH DOSE)	THERAPEUTIC DUPLICATION	DRUG ALLERGY INTERACTION
1. ^^•**All Drugs containing acetaminophen, except** < 3grams/day for <10 days*****(July 2006) - (Changed to hard non-overridable edit except by PA only)	1. •**Thera.Dup**. See Table 1.B for Drug List *(7/22/03) - Changed to soft overridable edit in June 2004)	1.
2.	2.	2.
3.	3.	3.

INAPPROPRIATE DURATION	DRUG/ DRUG INTERACTIONS	DRUG DISEASE CONTRAINDICATION
1. •**Early Refill *** (7/1/02)	1. •**DD Severity Level 1 *** (1/15/03)	1.
2. •**34-Day Supply for Non-Maintenance ***(7/1/02)	2.	2.
3.	3.	3.

UNDERUTILIZATION *(specify)*	OTHER *(specify)*	OTHER **GENERIC APPROPRIATENESS** *(specify)*
1. Xanthines, ACE Inhibitors, Oral Hypoglycemics, Anti-Convulsants*(before 1999)	1.	1. •**Brand Medically Necessary Indication ***(8/20/01)
2.	2.	2.
3.	3.	3.

INDIANA MEDICAID DUR PROGRAMS - CMS FFY 2006

Attachment 4.2 RETRO-DUR CRITERIA CHANGES (& ADDITIONS)

NOTE: All Therapeutic Academic Detailing interventions were dropped in FFY 2005.

INAPPROPRIATE DOSE (HIGH DOSE)

1. NONE
2.
3.
4.
5.
6.
7.
8.

THERAPEUTIC DUPLICATION

1. NONE
2.
3.
4.
5.
6.
7.
8.

OVERUTILIZATION

1. **Overutilization Short-Acting Beta Agonists**
2.
3.
4.
5.
6.
7.
8.

INAPPROPRIATE DURATION

1.
2.
3.
4.
5.

DRUG / DRUG INTERACTION

1. NONE
2.
3.
4.
5.

DRUG / DISEASE CONTRAINDICATION

1. NONE
2.
3.
4.
5.

OTHER: DOSE OPTIMIZATION
SPECIFY

1. **Dose Optimization: Oxycodone ER**
2. **Dose Optimization: Zoloft**
3.
4.
5.
6.

OTHER: THERAPEUTIC APPROPRIATENESS
SPECIFY

1. **Long-Acting Benzodiazepine Use in Elderly**
2.
3.
4.
5.
6.

OTHER: GENERIC APPROPRIATENESS
SPECIFY

1.
2.
3.
4.
5.
6.

FOR EACH PROBLEM TYPE, LIST (DRUGS / DRUG CATEGORY / DISEASE COMBINATIONS) FOR WHICH DUR BOARD CONDUCTED IN-DEPTH REVIEWS. PLEASE INDICATE WITH AN ASTERICK THOSE FOR WHICH CRITERIA WERE ADOPTED.

INDIANA MEDICAID DUR PROGRAMS - CMS FFY 2006

ATTACHMENT 4.3

INDIANA DUR BOARD CONDENSED MEETING MINUTES

October 2005 – September 2006

FFY 2006 DUR Board Members

Philip N. Eskew, Jr., M.D.	Chairperson
Marko A. Mychaskiw, R.Ph., Ph.D.	Vice Chairperson
Paula J. Ceh, Pharm.D. (resigned June 2006)	
Neil Irick, M.D.	
Terry Lindstrom, Ph.D.	
Brian W. Musial, R.Ph.	
Vicki F. Perry	
Thomas A. Smith, P.D., M.S., FASCP	
Patricia A. Treadwell, M.D.	
John J. Wernert, M.D.	
G. Thomas Wilson, R.Ph.,J.D.	

October 21, 2005

APPROVAL OF MINUTES: Minutes from the September 23rd DUR Board meeting were approved unanimously as is.

REMARKS FROM THE CHAIR: Mr. Musial had no opening remarks, but thanked everyone for their thoughts at last month's meeting.

OPENING COMMENTS: Mr. Shirley advised that the Office of Medicaid Policy and Planning (OMPP) had no remarks.

ACS UPDATE: Dan Alday, ACS, presented September 2005 PA stats. He noted a decrease of approximately 2,500 PAs from the previous month, and attributed the numbers to patient movement to MCO, and some system/procedural issues related to the changing of the claims processing system. Mr. Musial referenced a letter from a pharmacy that had some confusion transacting some claims, but that it would be handled internally by FSSA. Mr. Alday stated that it had just come to ACS' attention, that one of the products recommended for PDL inclusion in the September meeting, generic fenofibrate 67mg and 134mg, was no longer going to be produced by the manufacturer, Teva. It was ACS' recommendation to insert Lofibra 67mg and 134mg in its place, since the Lofibra 200mg was already on the PDL. The board decided that public notification would be required, so it was moved by the chair, and seconded to send the Fibric Acid Derivative class back to the T Committee. The motion passed unanimously. Mr. Wilson questioned the early refill PA requests and the high volume of approved PAs. Mr. Alday referenced stats from a report presented the previous month by Jason Crowe, ACS, that showed that less than 10% of the claims that hit the early refill edit actually wind up being prior authorized, and almost all of those were valid dosage changes.

ATTACHMENT 4.3 --continued--

MANAGED CARE ORGANIZATION UPDATE: Chris Johnson, Pharmacy Director with Harmony, presented the proposed changes to their PDL. Additions: Lescol, lactulose liquids, tizinadine. Changes with clinical edits: add Androgel, with a drug review requiring diagnosis of hypogonadic conditions; add Floxin otic but reserve for cases where patient has a perforated tympanic membrane or tubes in the ear. Add a step edit to Actos, requiring trial and failure of Avandia first. Deletions: Duragesic® and Oxycontin® would be limited to specific indications based on concerns of misuse and abuse. Other deletions: Androderm®, Lipitor®, Patanol®, Zelnorm®, Skelaxin®, CiproHC®, Cenestin® and Prometrium®. He noted that with some of the products proposed to be removed, patients could be grandfathered if they were previously stabilized and compliant on the therapy. As a follow-up to a question from the previous meeting regarding the movement of Diovan to non-preferred status, Mr. Johnson stated that Harmony had reviewed the ACE Inhibitors and they had lisinopril and enalapril which could be used for left ventricular dysfunctions, and that their two preferred ARBs were Micardis and Benicar. He also reiterated that the Diovan would be available if medically necessary for a patient. **Board Action**: Dr.Ceh moved to accept the recommended changes to Harmony's PDL and it was seconded. The motioned passed with one abstention.

Kristi Bredemeier informed the board that she was working with Mr. Shirley to make copies of the proposed MCO preferred drug list changes available via the FSSA website so that the are readily accessible.

NEW DRUGS: Lyrica (pregabalin) was noted although exact indications were not known at the time.

LIAISONS WITH OTHER BOARD: None

PUBLIC COMMENT: None

OLD BUSINESS: None

NEW BUSINESS: Dr. Eskew noted an article discussing the use of progesterone in high-risk pregnant women, which showed a decrease in NICU admissions and length of stay, with associated cost savings. He inquired of a way that informative articles of this type could be disseminated to providers. Mr. Musial asked Mr. Alday whether a recap and reference to the article could be provided in the next DUR board newsletter. Mr. Alday stated that it could.

MEETING ADJOURNED.

ATTACHMENT 4.3 --continued--

November 2005

APPROVAL OF MINUTES: Mr. Musial asked for approval of the minutes from the October 21st meeting. One clarification was noted under the Managed Care Update section, with the sentence "Androderm®, Lipitor®, Patanol®, Zelnorm®, Skelaxin®, CiproHC®, Cenestin® and Prometrium®." Those medications were deletions from the Harmony PDL. And in the same section, the Androgel clinical edit should say that it requires diagnosis of "hypogonadic" conditions. Minutes with the stated corrections were approved unanimously.

REMARKS FROM THE CHAIR: Mr. Musial stated he had no remarks.

OPENING COMMENTS: Marc Shirley stated that the Board had received information pertaining to the impending Medicare Part D benefit, and that the Office would be glad to address any questions from the Board. There were no questions.

THERAPEUTICS COMMITTEE LIAISON REPORT: Dan Alday, Clinical Account Manager from ACS, presented the Therapeutics Committee's recommendations from their November 4th meeting. He stated that, as always, the three primary drivers behind those recommendations were clinical, drug costs, and total program costs. The Committee had reviewed seven therapeutic classes, and re-reviewed the ARBs and ARBs with Diuretic, as well as the Fibric Acid Derivative class. The Committee offered the following recommendations. The Board discussed and acted on each class individually.

- **CNS & Others were presented:**
  - Antiemetics - no changes were recommended
  - Brand Name Narcotics
    - Move Oxycontin® to non-PDL
    - Move generic fentanyl patches to non-PDL
    - Move Darvocet A 500® to non-PDL
    - Move Xodol® to non-PDL
    - Move Stagesic® to non-PDL
    - Move Hycet® to non-PDL
    - Add generic tramadol/APAP to the PDL
    - Add qty limit to oxycodone ER (limit the 10mg, 20mg and 40mg to 120 tablets per 25 days, and limit the 80mg to 60 tablets per 25 days)
  - COX-2 Inhibitors - no changes were recommended
  - NSAID/PPI Combination - no changes were recommended
  - Skeletal Muscle Relaxants - no changes were recommended
  - Triptans – no changes were recommended
  - Smoking Deterrent Agents
    - Move Nicorelief® gum to non-PDL
    - Move Zyban® to non-PDL

ATTACHMENT 4.3 --continued--

Public Comment: Dr. James Baker, with Roche, spoke on behalf of Kytril®. He noted that when using medications in this class, several factors should be considered. The medications should be efficacious without adding any additional toxicity to the regimen. Comorbidities should also be considered. Kytril® has not shown to have an effect on the QT interval, and has no known significant drug interactions. Also, no dosage adjustments need to be made due to decreased renal or liver function. He requested that Kytril® be moved to preferred status on the PDL.

Board Discussion: Dr. Irick stated his concerns over the proposed quantity limits on oxycodone ER. It was noted that the same limits are currently in place on the brand Oxycontin®. Dr. Irick also stated that he, in his own practice, makes a point to prescribe the Mylan version of fentanyl patch. He said that his patients have good results, and there is less potential for abuse of the medication. He noted that he would now need to obtain a prior authorization when prescribing the brand. Mr. Smith said that he had spoken on Dr. Irick's behalf and shared his concerns with the T-Committee. Dr. Eskew expressed concern with the Smoking Deterrent recommendations, that it may be more difficult to treat people to stop smoking. Mr. Alday said that Nicorelief® was only one particular brand of nicotine gum, and that several others would still be available. He also noted that Zyban® now had two AB rated generics available.

Board Action: The Antiemetic class was approved with eight ayes, and one abstention. The Brand Name Narcotic class recommendations were approved with eight ayes, and one abstention. The COX-2 Inhibitors recommendations were approved with eight ayes, and one abstention. The NSAID/PPI class recommendations were approved with eight ayes, and one abstention. The Skeletal Muscle Relaxant class recommendations were approved with eight ayes, and one abstention. The Triptan class recommendations were approved with eight ayes, and one abstention. The Smoking Deterrent Agent class recommendations were approved with eight ayes, and one abstention.

- **Dermatologics were presented:**
  - Acne Agents - no changes were recommended
  - Antipsoriatic Agents – no changes were recommended

Public Comment: None
Board Discussion: None

Board Action: Both the Acne Agents and the Antipsoriatic Agents were approved with eight ayes, and one abstention.

- **Endocrine**
  - Antidiabetic Agents
    - Add Actoplus Met® to the PDL (step edit – must fail one of the agents in this combination)
    - Add generic glyburide/metformin to the PDL
    - Move Glucovance® to non-PDL

ATTACHMENT 4.3 --continued--

- Bone Resorption Suppression Agents
  - Move Actonel with Calcium® to non-PDL
  - Move Boniva® to non-PDL (step edit – must have been on Fosamax® in the previous 180 days)
  - Move Fortical® to non-PDL
  - Add Fosamax Plus D® to the PDL
- Glitazones - no changes were recommended
- Forteo - no changes were recommended

Public Comment: Mr. Ken Murphy, a medical liaison with Roche, spoke on behalf of Boniva®. He was concerned that patients taking Boniva® would be required to try and fail a regimen of Fosamax® every 6 months in order to continue Boniva® use. It was clarified that once a patient met the original failure that they would be able to continue on Boniva® with no further trials required.

Board Discussion: Dr. Smith stated that the T-committee did consider compliance issues when discussing the Bone Resorption Suppression Agents. The committee was also concerned when a rheumatologist stated that he used Boniva® prophylactically. It was also noted that there were no head-to-head studies of Boniva® with its competitors; however one study is in the planning stages.

Board Action: The Antidiabetic Agent class recommendations were approved with eight ayes, and one abstention. The Bone Resorption Suppression Agents class were approved with seven ayes, and two abstentions. The Glitazones class recommendations were approved with eight ayes, and one abstention. The Forteo recommendations were approved with seven ayes, and two abstentions.

- **Gastrointestinal**
  - Proton Pump Inhibitors
    - Add Zegerid® to the PDL
    - Add Protonix® (all dosage forms and strengths) to the PDL
    - Remove Prilosec OTC® step edit from all PDL agents
    - Maintain H2 antagonist step edit on all products
  - H2 Receptor Antagonists – no changes were recommended
  - H. pylori Agents – no changes were recommended

Public Comment: Mr. Rob Hite, with Proctor and Gamble, representing Prilosec OTC®, thanked the committee for their support of Prilosec OTC® on the PDL. He stated that his company was willing to support any endeavors to educate physicians on the appropriate use of Prilosec OTC®.

Board Discussion: Dr. Lindstrom asked for clarification on the reason to remove the step edit requiring use of Prilosec OTC®. Dr. Smith stated that there had been much discussion on this class, and the T-Committee reviewed several factors, clinical and financial, before making their decision.

ATTACHMENT 4.3 --continued--

Board Action: The PPI class, H2 receptor class, and the H. pylori class recommendations were approved with eight ayes, and one abstention.

- **Genitourinary**
  - BPH Agents
    - Add Uroxatral® to the PDL
    - Move any generic finasteride formulations that enter market to non-PDL until the next financial review of this class of agents
  - Urinary Tract Antispasmodics
    - Add Enablex® to the PDL
    - Add Sanctura® to the PDL
    - Add flavoxate to the PDL
    - Move Urispas® to non-PDL
    - Add step edit to all products in this class: must fail oxybutynin

Public Comment: None
Board Discussion: Dr. Lindstrom inquired about the rationale of making any generic finasterides that come on the market non-PDL. Dr. Smith stated that the T-Committee felt, with the information provided to them, that this decision would have neither a negative financial impact to the state nor a negative therapeutic impact on the patients.

Board Action: Both the BPH class and the Urinary Tract Antispasmodics class recommendations were approved with eight ayes, and one abstention.

- **Hematological**
  - Hematinics and Other – no changes were recommended
  - Heparin and Related Products
    - Add Arixtra® to the PDL
  - Leukocyte Stimulants – no changes were recommended
  - Platelet Aggregation Inhibitors – no changes were recommended

Public Comment: None
Board Discussion: None

Board Action: The Hematinic and other class recommendations were approved with eight ayes, and one abstention. The Heparin and Related Products class recommendations were approved with eight ayes, and one abstention. The Leukocyte Stimulants recommendations were approved with eight ayes, and one abstention. The Platelet Aggregation Inhibitors recommendations were approved with eight ayes, and one abstention.

- **Topical Agents**
  - Eye Antihistamines/Mast Cell Stabilizers
    - Add Alocril® to the PDL
    - Add Elestat® to the PDL
    - Move Alomide® to non-PDL
    - Move Livostin® to non-PDL
  - Glaucoma Agents – no changes were recommended

ATTACHMENT 4.3 --continued--

- Topical Estrogen Agents
  - Add Vagifem® to the PDL
  - Add Estring® to the PDL
- Wound Care Products
  - Add Gladase® to the PDL
  - Add Gladase-C® to the PDL
  - Add Collagenase Santyl® to the PDL
  - Add Santyl® to the PDL
  - Add Regranex® to the PDL (step edit – must be on diabetic medication in the last 90 days; qty limit of 1 tube per 28 days)
  - Move all other products to non-PDL
- Topical Corticosteroids
  - Topical corticosteroids will no longer be reviewed

➢ **Proposed New Therapeutic Classes**
- Injectable insulin class (to be reviewed in Nov. 2006, clinical & financial review)

Public Comment: Ms. Nancy Tuffin, with Healthpoint Pharmaceuticals, spoke on behalf of their products Accuzyme®, Panafil®, and Xenaderm®. She stated that she submitted three studies that she believe showed superiority of their products in head-to-head comparisons. Ms. Tuffin believed that the studies had not been presented to the T-Committee. Mr. Alday responded that Dr. Meng Yang of ACS had reviewed the class, and that Dr. Yang believed that only one of the submitted studies had merit. In addition, Dr. Yang noted that while that study showed superiority of Xenaderm® over Granulex®, it included a small patient pool and short time frame.

Board Discussion: Dr. Eskew asked if the wound care class could be sent back to the T-Committee based on the information provided by Ms. Tuffin.

Board Action: It was moved and seconded to approve the recommendations in the Eye Antihistamines/Mast Cell Stabilizers class. The motion passed with eight ayes, and one abstention. It was moved and seconded to approve the recommendations in the Glaucoma agent class. The motion passed with eight ayes, and one abstention. It was moved and seconded to approve the recommendations in the Topical Estrogen agent class. The motion passed with eight ayes, and one abstention. It was moved and seconded that the Wound Care class be returned to the T-Committee for re-review. The motion passed unanimously. It was moved and seconded to approve the recommendation to remove the Topical Corticosteroids from PDL review, and replace with Insulins. The motion passed with eight ayes, and one abstention.

➢ **ARBs and ARBs with Diuretic Re-Review**
- ARBs
  - Add Diovan® to the PDL (step edit – prior use of an ACE Inhibitor)
- ARBs with Diuretic
  - Add Diovan HCT® to the PDL (step edit - prior use of an ACE Inhibitor)
  - Add step edit to Benicar HCT® and Micardis HCT® (step edit - prior use of an ACE Inhibitor)

ATTACHMENT 4.3 --continued--

Public Comment: None
Board Discussion: None

Board Action: The ARBs class recommendations were approved with eight ayes, and one abstention. The ARBS with Diuretic class recommendations were approved with eight ayes, and one abstention.

- **Fibric Acid Derivatives Re-Review**
  - Fibric Acid Derivatives
    - Move Antara® to non-PDL
    - Move Tricor® to non-PDL
    - Move Triglide® to non-PDL
    - Add Lofibra® 67mg and 134mg to the PDL

Public Comment: Dr Ruhanna, a family physician, commented on the fibrates, stating he frequently prescribed Tricor® with good results. Dr Ruhanna was concerned that deletion of Tricor® from the PDL would require changes in a patient's medication regimen, which could result in a disruption of the continuity of care.

Board Discussion: Dr. Smith discussed the procedural issues and the implications that might arise when a recommendation is sent back to the T-Committee. The manufacturers are required to submit their information in a timely manner, so that ACS has ample time to review and provide an overview to the committee.

Board Action: The Fibric Acids class recommendations were approved with eight ayes, and one abstention.

ACS UPDATE: Mr. Alday presented the Prior Authorization statistics for October. He noted there would be some minor changes in the PA reports due to the fact that PAs were now being entered into EDS' system, and some different categorization would take place. Dr. Lindstrom requested that a breakdown be provided for the ARB and Inhaled Glucocorticoid classes. Mr Alday then presented an IBM intervention for Dose Optimization of Zoloft®, and a RetroDUR intervention for Dose Optimization of oxycodone ER. There was a grammatical error noted, and with that correction, it was moved and seconded to approve the interventions. The motion passed with eight ayes, and one abstention. A proposed newsletter was presented on the use of short-acting beta agonists with underutilization of inhaled corticosteroids. A grammatical error was noted and corrected, and it was moved and seconded to approve with the change. The motion passed unanimously.

MANAGED CARE ORGANIZATION UPDATE:

Kelly Henderson, MDwise, presented proposed changes to their PDL:

- Additions to PDL
  - Cymbalta®
  - Lumigan®
  - Myfortic®

ATTACHMENT 4.3 --continued--

- Additions with clinical edits (prior authorizations)
  - Tobi®
  - Xolair®
- Changes with clinical edits
  - Bactroban® – QLL 22gm/30days
  - Zofran® 4mg, 8mg – QLL 8 tabs/30days
  - Zofran® 24mg – QLL 5tabs/30days
- Deletions from PDL:
  - Cognex®

MDwise's proposed PDL changes passed approval with seven ayes, and two abstentions.

Chris Johnson, Pharmacy Director, Harmony, presented the proposed changes to their PDL:

- Removal of clinical edits
  - Azmacort® – remove step edit
  - Pulmicort Turbihaler® – remove step edit
- Additions to the PDL with clinical edits
  - Lupron®, Lupron Depot®, Eligard® (leuprolide acetate) – Age, Gender edits - Used as a chemotherapy agent in the treatment of advanced prostate cancer in males. Edit will allow open access to drug for males > 18 years of age, but a DER process will be established for women ≥ 18 years of age for the treatment of endometriosis or uterine fibroids, or in children for the treatment of central precocious puberty.
  - Vigamox® – DER edit - PDL alternatives include Polytrim®, gentamicin, tobramycin, sulfacetamide, ciprofloxacin, ofloxacin, Maxitrol®, Neosporin®, and Polysporin®.
  - Zaditor® – step edit- requires evidence of trial and failure of both naphazoline and cromolyn products for approval.
  - Migranal – quantity limit changed from 8 tablets per month to 6.
- Deletions from PDL
  - Viagra®
  - Edex®
  - Patanol®
  - Humulin® insulin products

Harmony's proposed PDL changes passed approval with seven ayes, and two abstentions.

Ms. Kristine Lawrance, OMPP Managed Care, stated that the managed care PDL changes were now being posted on the web prior to the meetings for review. She also stated that the final transition to mandatory managed care is complete, with the exception of Hoosier Healthwise, which would be completed by the end of December. There was a brief discussion of the newly formed Mental Health Quality Advisory Committee. The DUR board noted that they would like to stay updated on the activities of the Committee either through a liaison or receiving minutes of the Committee meetings.

ATTACHMENT 4.3 --continued--

NEW DRUGS: In follow-up to a discussion item from the October meeting, Mr. Alday advised that the new product Lyrica® will be classified by First Databank as an anticonvulsant.

LIAISONS WITH OTHER BOARD: None

PUBLIC COMMENT: None

OLD BUSINESS: Dr. Smith inquired into the status of appointments and vacancies on the T-Committee as well as the DUR board. Mr. Shirley stated that OMPP was continuing to address both and that OMPP would keep the Board apprised of developments in that regard.

Dr. Wernert inquired about the status of the twice annual PDL Report. Mr. Shirley stated that the next iteration of the report was scheduled for presentation by ACS at the December meeting.

NEW BUSINESS: Dr. Wilson noted that he would be unable to attend December's meeting due to a scheduling conflict.

MEETING ADJOURNED.

December 2005

APPROVAL OF MINUTES: Mr. Musial asked for approval of the minutes from the November 18th meeting. It was moved to **table** the approval of the minutes until the January meeting. The motion was seconded and carried with a unanimous vote.

REMARKS FROM THE CHAIR: Mr. Musial thanked the members for a great year, and wished the new Chairperson well in the coming year. He also informed the board of Dr. Nancy Slater's resignation from the T-Committee, and thanked her for her hard work and time that she spent as a member of the committee.

ELECTION OF CHAIR, VICE CHAIR FOR CY 2006: Dr Eskew was nominated and seconded for Chair. It was moved and seconded to close nominations. Dr. Eskew was elected unanimously. Mr. Mychaskiw was nominated and seconded for Vice Chair. Mr. Mychaskiw was elected unanimously.

OPENING COMMENTS: Dr. Judy Monroe was introduced as the Commissioner of Health for the Board of Health, and the Medicaid Medical Director. Dr. Monroe thanked the board for their service, and discussed the challenges that lay ahead in the future for Medicaid. She also discussed some of the initiatives that were in progress to improve patient well-being.

ATTACHMENT 4.3 --continued--

Jean LaBrecque, Director of Health Policy and Medicaid, gave the board an update on the newly formed Mental Health Quality Advisory Committee. Ms. LaBrecque discussed the creation of the committee and the legislation that allowed the department to look at behavioral health drugs from a quality perspective. The committee includes representatives from the behavioral health community, pharmacists, and the academic community as well as the managed care organizations and OMPP. The goal of the committee is to maintain access to mental health drugs, while reducing inappropriate treatment from a prospective standpoint, considering both clinical and technical aspects. The committee will make recommendations to the DUR board, which will review and endorse the findings, allowing the interventions to be implemented.

PRESENTATION OF DRAFT OF THE 3RD PDL REPORT-ACS: Michelle Laster-Bradley, Health Outcomes Scientist from ACS, presented the draft of the 3rd report on the evaluation of the Indiana Medicaid Preferred Drug List based on the time period October 2004 through March 2005. Dr. Laster-Bradley presented a brief outline and gave some historical information concerning the success of the PDL in preceding years.

A) The Objectives of the Study

(1) To evaluate any increase in Medicaid physician, laboratory, or hospital cost associated with the PDL for cost shifting
  (a) No statistical significance in terms of differences between medical cost and/or any specific medical service between recipients taking medications in any of the therapeutic classes reported
  (b) Based on ten therapeutic classes where sample size was large enough to draw valid statistical conclusions.

(2) To assess access for recipients to medications
  (a) No statistical significance in terms of evidence demonstrating impediment of access issues related to the PDL (about 0.02% of recipients did not get their medications due to any number of factors ex: sampling)
  (b) Patient non-compliance was cited as an issue. It was noted that medical costs for a non-compliant patient is significantly higher when compared to compliant patients.

(3) To report the number of times a PA was requested, approved, or disapproved comparing numbers from FFY 03 to FFY 04
  (a) There was an increase in the number of denials (probably due to the addition of more step edits for certain products during the past year)

(4) To report the cost of administering the program and associated savings
  (a) Looked at expenditures for administering the program to calculate net savings
  (b) Factored in CMS rebate and supplemental rebate programs

Results of the Study

<u>Savings minus Rebate Changes and Cost to Administer Study</u>

(1) Year One savings were estimated at $7.4 - $8.16 million
(2) Year Two savings were an additional estimated $379,000 ($8.16 million + $379,000)

ATTACHMENT 4.3 --continued--

(3) 1st 6 months of Year 3 savings were an additional estimated $7.91 - $8.3 million ($8.54 + $7.91 to $8.3)
(4) Total savings over a 2.5-year period would be $15 - $16.8 million

Recommendations for Improvement

(1) Implementation of a supplemental rebate program (done)
(2) Explore opportunities to remove or change current therapeutic classes (working)
(3) Limit the number of preferred agents in each therapeutic class to increase supplemental rebate opportunities—re-evaluate therapeutic classes for opportunities to further increase the market share of clinically equivalent, less expensive alternatives within the class.
(4) Explore the "Triple A's" for inclusion into the PDL program - due to a substantial market shift in the utilization of these products.

Board Questions: Mr. Smith asked about a mention in the report of "loopholes" that may be an issue. One was related to step edits, and Dan Alday, with ACS stated that were addressed with the last PDL changes made by the T-Committee. The other concerned possible misuse of the emergency override by pharmacies. Mr. Musial asked if ACS could pull a sample of claims filled with the emergency edit, provide a breakdown of how many occurred after-hours, how many during business hours, and the length of time between the original denial, and the resubmission with the emergency code. Dr. Wernert expressed concern that the savings figures did not seem as lofty as others states programs were touting. Dr. Laster-Bradley stated that other states could be using different methodologies to suggest PDL saving. It would be difficult to do an "apple-to-apples" comparison due to the different methodologies and lack of public disclosure of proprietary information. Due to the effort that may be involved to obtain data, Mr. Musial requested that a comparative summary of similar surrounding states be provided in the next PDL report that is presented. There was one wording change that was corrected to accurately reflect legislative mandate on page 18. A motion was made, and seconded, to approve the PDL report. The motion passed unanimously.

ACS UPDATE: Mr. Alday presented the Prior Authorization statistics for November. In follow-up from the November meeting, he provided a breakdown of the PA requests in the ARB and Inhaled Glucocorticoid classes. The majority of the requests in the ARB class were for Diovan, which would be added to the PDL effective Jan 1. The increase in the Inhaled Glucocorticoid class was more of a reflection of the way that PAs were classified between the two claims systems. Mr. Alday pointed out a few classes that had increased due to changes to the PDL that went into effect on November 1. All other classes were relatively stable.

MANAGED CARE ORGANIZATION UPDATE:

Chris Johnson, Pharmacy Director with Harmony, presented proposed changes to their PDL:

- Additions to the PDL with clinical edits
  - Crestor® – DER edit – Reserved for patients who need more than a 45% reduction in total cholesterol.

- Accolate® – step edit - Reserved for asthma patients treated concurrently with inhaled corticosteroids per asthma NIH guidelines.
- Singulair® – step edit- Reserved for asthma patients treated concurrently with inhaled corticosteroids per asthma NIH guidelines.
- Sotret® – step edit, quantity limits - Reserved for patients who have been treated with first line acne therapies that include topical anti-acne preparations and/or antibiotic therapy for at least 6-8 weeks in duration. Quantity limit of 60 capsules per 30 days and duration of therapy limited to ≤ 20 weeks (5 months).
- Amnesteem® – step edit, quantity limits - Reserved for patients who have been treated with first line acne therapies that include topical anti-acne preparations and/or antibiotic therapy for at least 6-8 weeks in duration. Quantity limit of 60 capsules per 30 days and duration of therapy limited to ≤ 20 weeks (5 months).
- Azmacort® – quantity limit - Remove step edit making the product freely available but limited to 40 gms per 31 days.

➢ Deletions from PDL
- Accutane®
- Sinemet CR®

Harmony's PDL changed were approved with eight ayes, and one abstention.

The MCOs submitted their quarterly appeals and grievances data. Mr. Smith had a question concerning Suboxone denials in the MDwise report. Kelly Henderson, MDwise, stated that although these particular Suboxone requests were denied, the product was available in certain cases where the situation warrants.

Mr. Musial requested that the therapeutic class or drug involved be included on the Molina grievance report next time. Ms. Kristine Lawrance, OMPP Managed Care, stated that she would make the change.

NEW DRUGS: None

LIAISONS WITH OTHER BOARD: None

PUBLIC COMMENT: None

OLD BUSINESS: None

NEW BUSINESS: Marc Shirley, OMPP, informed everyone that the meeting schedule of the Mental Health Quality Advisory Committee is publicly posted on the FSSA website; however, he will notify them of the date of the next meeting. Mr. Shirley will also send instructions on how to access the information.

Two new candidates were proposed as additions to the T-Committee, Dr. Andy Class and Dr. Clifton Knight. It was moved and seconded to approve both candidates. The motion passed unanimously.

MEETING ADJOURNED.

ATTACHMENT 4.3 --continued--

January 2006

APPROVAL OF MINUTES: Dr. Eskew asked for approval of the minutes from the November 18th meeting. It was moved, seconded and carried with a unanimous vote. Dr. Eskew asked for approval of the minutes from the December 16th meeting. It was moved, seconded and carried with a unanimous vote.

REMARKS FROM THE CHAIR: Dr. Eskew thanked the members for their attendance.

OPENING COMMENTS: Marc Shirley, OMPP, referred the Board members to their copy of the meeting times and locations for calendar year 2006. Mr. Shirley also reminded the members of the change in location for next month's meeting, to the Auditorium. He also noted that all public meeting dates and agendas were posted on the FSSA website in accordance with the law.

ACS UPDATE: Mr. Alday presented the prior authorization statistics for December. He noted the volume decrease from previous months due to patient's transition to MCOs. There were also three classes with volume increases due to holiday leave of absences from nursing facilities, which required a PA to override plan limits. All other classes were relatively stable. Mr. Alday also presented a RetroDUR intervention focusing on overutilization of short-acting beta agonists without use of an inhaled corticosteroid. The intervention was based on the newsletter that was approved in November. It was moved and seconded to approve the intervention. This motion passed with a unanimous vote. In follow-up to a request from the previous month concerning a comparison of the PDL report to other states, Mr. Alday noted that Dr. Laster-Bradley had researched information available from other states and has determined that she was unable at this time to provide a valid analysis due to unavailable resources. ACS committed to review any published reports and forward any pertinent information to the Board.

MANAGED CARE ORGANIZATION UPDATE:

Kelly Henderson, Pharmacy Director, MDwise, presented proposed changes to their PDL:

- Additions to the PDL
  - Niaspan®
- Changes to the PDL with clinical edits
  - clarithromycin – remove step edit – allow for 1st line treatment.
  - Lovenox® – QLL—10 day supply per dispensing—to ensure appropriate dispensing
  - fentanyl patch – QLL—10 patches per 30 days
  - Short-acting narcotics – QLL— 240 units per 30 days
  - Long-acting narcotics – QLL— 120 units per 30 days
  - Acetaminophen containing products—QLL—4gm per day

ATTACHMENT 4.3 --continued--

Dr. Irick proposed the list provided be changed to categorize methadone and levorphanol as long-acting, and the others termed as controlled-release with the 120/30days limit. He also proposed that the 4gm/day limit on acetaminophen should be for no more than 10 days, and then should be limited to 3gm/day thereafter. It was moved and seconded to approve the changes with the above recommendations. The motion passed with a unanimous vote.

Larry Harrison, Pharmacy Director, Managed Health Services, presented the proposed changes to their PDL:

- Clinical edit changes
  - Opioid analgesics (hydrocodone/apap, apap/codeine, oxycodone/apap)—Maximum of 3gms of acetaminophen per day
  - Zyrtec® Syrup—age requirement, PA is needed for members 13yrs or older

There was discussion of the acetaminophen limit citing that some studies now indicate that the limit should actually be lower. There was a question as to whether the limit was applied across all acetaminophen drugs. Mr. Harrison responded that their computer system only calculated the limit on a per claim basis. It was moved and seconded to approve the changes. The motion passed with a unanimous vote.

Chris Johnson, Pharmacy Director, Harmony, presented the proposed changes to their PDL:

- Additions to the PDL
  - Chlorhexidine Gluconate Oral Rinse
  - Xalatan 0.005% Ophth Solution
- Additions to the PDL with clinical edits
  - Butorphanol Nasal Spray – QL – 2x2.5ml bottle limitation per 30 days
  - Concerta® (methylphenidate ER tablets) – QL – 30 tablets per 30day limitation
  - Adderall XR® (amphetamine salts ER capsules) – QL- 30 tablets per 30 days limitation
  - Fluoxetine 10mg cap – QL- 62 caps per 31 days
  - Fluphenazine decanoate injection – QL-10mls per 31days
  - Methotrexate injection – QL- 10mls per 31 days
  - Haloperidol decanoate injection – QL – 10mls per 31 days
  - Cyanocobalamin injection – QL- 30mls per 31 days
  - Dakin's Solution – QL- 1000mls per 31days
  - Nicotrol NS® – QL-80mls per 31 days; age limit –; 18 yrs of age and older.
- Deletions from PDL
  - One Touch® Meters

There was much discussion concerning limits on the mental health drugs. Dr. Eskew stated that he did not think the Board should act on any proposed mental health drug limits until the Board has received input from the Mental Health Quality Advisory Committee. It was moved

ATTACHMENT 4.3 --continued--

and seconded that the Board accept no action on Concerta®, Adderall XR®, fluoxetine, fluphenazine, or haloperidol until they receive feedback from the Committee, and approve the remaining proposed changes. The motion passed with five ayes and one abstention.

Jon Keeley, Pharmacy Director, CareSource, presented the proposed changes to their PDL:

- Additions to the PDL
  - Lotrel® (amlodipine/benazepril)
  - Retin A® Micro Gel (tretinoin topical)
  - Duac® (benzoyl peroxide/clindamycin topical)
  - Cozaar® (losartan)
  - Hyzaar ® (hydrochlorothiazide/losartan)
  - Omnicef® (cefdinir)
  - Valtrex® (valacyclovir)
  - Fosamax® (alendronate)
  - Forteo® (teriparatide)
  - Ortho Evra® (ethinyl estradiol/norelgestromin transdermal)
  - Ortho Tricyclin® (ethinyl estradiol/norgestimate)
  - Premarin® (estrogens, conjugated)
  - Premphase® (estrogens, conjugated/medroxyprogesterone)
  - Prempro® (estrogens, conjugated/medroxyprogesterone)
  - Flonase® (fluticasone nasal)
  - Patanol® (olopatadine ophthalmic)
  - Zylet® (loteprednol/tobramycin ophthalmic)
  - Travatan® (travoprost ophthalmic)
  - Glyset® (miglitol)
  - Alphagan P® (brimonidine ophthalmic)
  - Trusopt ® (dorzolamide ophthalmic)
  - Ditropan XL® (oxybutynin)
  - Pulmicort ® (budesonide inhaled)
  - Levaquin® (levofloxacin)
  - Factive® (gemifloxacin)
  - Actos® (pioglitazone)
  - Loprox® (ciclopirox topical)
  - Zocor® (simvastatin)

CareSoure PDL additions were approved with five ayes and one abstention.

- Additions with Clinical Edits: *(four items were removed from CareSource recommendations due to previous mental health drug discussion)*
  - Saizen® (somatropin) -- High cost, specialty product with specific criteria for use.
  - Sular® (nisoldipine) ST--Reserved for members that have failed the generic first line
  - Nexium® (esomeprazole) ST--Reserved for members who have failed a H2 antagonists and omeprazole trial

ATTACHMENT 4.3 --continued--

- Crestor® (rosuvastatin calcium) DER/ST--Reserved for members who need more than a 45% reduction in total cholesterol. Formulary alternatives include Zocor (simvastatin), lovastatin.
- Advicor® (lovastatin/niacin) DER/ST--Reserved for members who need more than a 45% reduction in total cholesterol. Formulary alternatives include Zocor (simvastatin), lovastatin.
- Vytorin® (ezetimibe/simvastatin) DER/ST--Reserved for members who need more than a 45% reduction in total cholesterol. Formulary alternatives include Zocor (simvastatin), lovastatin.
- Elidel® (pimecrolimus topical)QL--Update of current QL, 30gm/30days

CareSoure PDL additions with clinical edits were approved with five ayes and one abstention.

➢ Deletions from the PDL *(two items were removed from CareSource recommendations due to previous mental health drug discussion)*

- Didronel® (etidronate)
- Norvasc® (amlodipine)
- Alora® (estradiol transdermal)
- Nutropin® (somatropin)
- Lipitor® (atorvastatin)
- Oxycontin® (oxycodone)
  - DUR Board Changed to all oxycodone extended release
- Sporanox® (itraconazole)
- Ciloxan® (ciprofloxacin)
- Azopt® (brinzolamide)
- Detrol LA® (tolterodine)
- Peg-Intron® (peginterferon alfa 2b)
- Protonix® (pantoprazole)
- Lupron® (leuprolide)
- Avelox® (moxifloxacin)

Dr. Irick asked for clarification on the Oxycontin® deletion. Mr. Harrison stated that it was the intent to require PA for all oxycodone extended release drugs. Dr. Wernert expressed concern that all of the MCO plans and the FFS have varying PDLs and it would be nice to have some consistency among them. It was noted that each contracted independently and that would account for the inconsistency. CareSource PDL deletions were approved, with the one change from Oxycontin® to all oxycodone extended-release products, with five ayes and one abstention.

Avis Davis, Molina, stated that the requested inclusion of therapeutic class to their grievance report had been completed and submitted to OMPP.

NEW DRUGS: None

LIAISONS WITH OTHER BOARD: Mr. Wilson noted that the Board of Pharmacy had a new Director.

ATTACHMENT 4.3 --continued--

PUBLIC COMMENT:

Karla Dyer, a consumer, spoke on the benefits of mental health drugs requesting that no restrictions be placed on this class of medications.

Donna Roberts, with the Indiana Resource Center for special needs families, spoke on behalf of the children with whom she works. She thanked the Board for referring the ADD drugs to the Mental Health Quality Advisory Committee.

Dr. Melinda Wenkley, board certified psychiatrist from Bloomington, spoke of the difficulty she has balancing her patient needs with the restrictions the MCOs have placed on mental health drugs. She is aware of the different benefits and risks of each medication and feels that the restrictions adversely affect her patients' care. Dr Eskew advised her to document and notify the Board of her specific issues. The Board would then forward these issues to the appropriate party for resolution.

Charlie Hiltunen, representing the Mental Health Association of Indiana, thanked the Board for the action on the mental health drugs. He referred to House Bill 1325 that was passed last year which stated that Medicaid Managed Care programs shall have unrestricted access to mental health carve out drugs as of July 1, 2005. He doesn't feel the issue has been addressed, and hopes that the Mental Health Quality Advisory Committee will rectify the situation.

Harriett Rosen, chairperson of the policy committee of the National Alliance of Mentally Ill (NAMI), thanked the Board for deferring action on the mental health drugs to the Mental Health Committee.

Dr. Masooda Burki, medical director and staff psychiatrist at Wabash Valley Hospital and Mental Health Center in Lafayette, spoke on behalf of her patients. She also thanked the Board for deferring judgment on the mental health drugs to the committee. She spoke of her difficulty between managing patients on the different formularies and the limits placed on medications. Dr. Eskew invited her to forward any further comments to the Board.

David Powell, medication nurse at the Wabash Valley Hospital Community Mental Health Clinic, gave a frontline view of the prior authorization process with the MCOs and psychotropic drugs. In his experience he feels that most requests are denied as a first line process. He then has to follow-up through the appeal process to receive approval. Mr. Powell does see that the process is getting better, but he still experiences difficulties in some situations.

OLD BUSINESS: None

NEW BUSINESS: Dr. Eskew informed the Board that he would be unable to attend next month's meeting.

MEETING ADJOURNED.

ATTACHMENT 4.3 --continued--

February 2006

APPROVAL OF MINUTES: Mr. Mychaskiw asked for approval of the minutes from the January 20th meeting. Mr. Wilson requested that Ph.D. be stricken from his name since it was inaccurate. The request was moved and seconded to approve the minutes. The motion carried unanimously.

REMARKS FROM THE CHAIR: Mr. Mychaskiw stated he had no remarks.

OPENING COMMENTS: Mr. Shirley advised that the Office had no remarks.

THERAPEUTICS COMMITTEE LIAISON REPORT: Dan Alday, ACS, presented the Therapeutics Committee's recommendations from their February 3rd meeting. He stated that, as always, the three primary drivers behind the recommendations were clinical benefits, drug costs, and total program costs. At this meeting, the T Committee reviewed four therapeutic groupings and re-reviewed the Wound Care class. The Committee offered the following recommendations. The Board discussed and acted on each class individually.

- **Respiratory:**
  - Beta agonists - no changes were recommended
  - Leukotriene inhibitors - no changes were recommended
  - Non-sedating antihistamines
    - Add Clarinex® Reditab 2.5mg to the PDL with step edit (must have failed a trial of OTC loratadine within the previous three months")
  - Nasal corticosteroids - no changes were recommended
  - Orally inhaled corticosteroids - no changes were recommended
  - Beta agonists/corticosteroid combos (Advair®) - no changes were recommended
  - Agents used to treat COPD - no changes were recommended

Public Comment: None
Board Discussion: None

Board Action: It was moved and seconded to accept all recommendations from the Therapeutics Committee for the Respiratory class. The motion passed with seven ayes and one abstention.

- **Anti-infectives**
  - Anti-herpetic agents - no changes were recommended
  - Anti-viral (influenza) agents - no changes were recommended
  - Third-Generation Cephalosporins - no changes were recommended
  - Fluoroquinolones - no changes were recommended
  - Macrolides
    - Add generic azithromycin to the PDL with a quantity limit on the six-tablet and three-tablet packages to one package per month

ATTACHMENT 4.3 --continued--

- Move all strengths of Zithromax® tablets to non-PDL while retaining the quantity limit on the six-tablet and three-tablet packages.

- Ketolides - no changes were recommended
- Ophthalmic antibiotics - no changes were recommended
- Otic antibiotics - no changes were recommended
- Systemic antifungals - no changes were recommended
- Topical antifungals - no changes were recommended
- Vaginal antimicrobials
  - Move Vandazole® Vaginal 0.75% Gel to non-PDL

Public Comment: None
Board Discussion: None

Board Action: It was moved and seconded to accept all recommendations from the Therapeutics Committee for the Anti-infectives class. The motion passed with seven ayes and one abstention.

➢ **Cardiovascular**

- ACE-Inhibitors - no changes were recommended
- ACE-Inhibitor/calcium channel blocker combs - no changes were recommended
- ACE-Inhibitor/diuretic combos - no changes were recommended
- ARBs - no changes were recommended
- ARBs/diuretic combos - no changes were recommended
- Beta blockers - no changes were recommended
- Calcium channel blockers - no changes were recommended
- Calcium channel blockers/lipotropics (Caduet®)- no changes were recommended
- Inspra® - no changes were recommended

Public Comment: None
Board Discussion: None

Board Action: The Cardiovascular class recommendations from the Therapeutics Committee were approved with seven ayes and one abstention.

➢ **Lipotropics**

- Bile acid sequestrants - no changes were recommended
- Fibric acids - no changes were recommended
- HMG CoA Reductase Inhibitors (Statins) - no changes recommended
- Other lipotropics - no changes were recommended

Public Comment: None
Board Discussion: None

Board Action: The Lipotropics class recommendations from the Therapeutics Committee were approved with seven ayes and one abstention.

ATTACHMENT 4.3 --continued--

- **Wound Care Re-Review**
  - Debridement Agents
    - Add Gladase to the PDL
    - Add Gladase-C to the PDL
    - Add Granul-derm to the PDL
    - Add Santyl to the PDL
    - Move all other Debridement agents to non-PDL
    - Add quantity limit to all debridement agents – one manufacturer's standard package per month
    - Maximum prior approval length for non-PDL debridement products – 3 months
  - Regranex
    - Add Regranex to the PDL with a step edit – must be on a diabetic agent within the past 90 days; add quantity limit of 1-15gm tube per 28 days

Public Comment: Dr. Steven Miller, medical director with Advanced Wound Care Solutions, spoke on behalf of Healthpoint. He stated that he felt the decisions were based largely on cost issues, and commented that complete healing and healing rates were a better basis for selection. Dr. Miller did acknowledge that there are no adequate trials to compare which products were superior over the other. However, he continued, that in his practice he had seen better results with Accuzyme, Panafil and Xenaderm.

Board Discussion: Dr. Irick noted that more focus should be placed on prevention of ulcers rather than preference of one product over another. Dr. Wernert expressed concern that many wound care practitioners were ancillary providers, such as physician assistants or nurse practitioners, and that many times their choice of a product may be more market driven by a relationship they have with a particular company rather than what's clinically indicated for the patient. Mr. Smith relayed the involved discussions that the T-Committee had on this subject. First, he took exception with the comment that cost issues were the primary focus of the Board's decision. He then stated that the Board focused on therapeutic outcomes, and further noted that they are mandated to make sure correct utilization is being monitored. He pointed out that the Committee's two newest members, one of whom is a gerontologist and specializes in nursing home care, had thoroughly reviewed the class, as did ACS for a second time. The Committee also felt, from reviewing utilization, that some products were being used inappropriately for preventative purposes, which is why the Committee applied the quantity limitations noted.

Board Action: The Wound Care class recommendations from the Therapeutics Committee were approved with seven ayes and one abstention.

ACS UPDATE: Mr. Alday presented prior authorization statistics for January. He noted the decrease in PA requests due to the initiation of Medicare D and pointed out the increase in fibric acid derivatives due to PDL changes that took place at the first of the year. As a result of a request during the December meeting's presentation of the PDL report, Mr. Alday then presented a report on provider utilization of the emergency override. He explained the procedures of when and how an emergency override should be used, and noted the constraints

ATTACHMENT 4.3 --continued--

involved in compiling the report. Mr. Alday showed the top 20 pharmacies that used the override, as well as the top 20 drugs that were overridden. The common findings included:

- Brands dispensed when generics available, often repeated use of emergency override on multiple fills for same patient
- Days supply falsified as related to quantity dispensed, high dose prospective DUR edit response falsified
- Large sizes dispensed when smaller available
- Multi packages dispensed
- ProDUR edits overridden-early refill
- Step therapy bypassed
- Short time span between original denied claim and paid claim
- Problems spread among multiple providers

Mr. Alday also provided many examples of claims that involved clearly inappropriate uses of the override. Mr. Musial pointed out that in some instances, i.e. Schedule II prescriptions, you would not be able to partial fill easily, and therefore would dispense a larger quantity that is normally considered an emergency fill. Several members expressed concern over the quantity of the emergency overrides, and how some meds shouldn't really be classified as emergency drugs, and discussed how some of these issues could be addressed with providers. Mike Sharp informed the members that by mid-summer, Prudent Rx would be implementing "next day" audits on pharmacy claims. They were developing a program with algorithms that would systematically select claims that appear to be processed in error and quickly intervene with the pharmacies to get the claims clarified or corrected. Mr. Wilson proposed that a notification be sent to pharmacies informing them of the proper use of the override and making them aware of the fact that the agency was reviewing utilization. Mr. Alday said that he would work with OMPP to draft such a document and present it at next month's meeting. Mr. Alday sought clarification, in regards to the acetaminophen 3gm limit, if there were any instances where an authorization request would be granted. Dr. Irick stated that a request for 4gm of acetaminophen could be granted for a period of 10 days or less. Dr. Irick requested a breakdown of the early refill report by therapeutic class, and Mr. Alday said he would provide that information in the March Board meeting.

MANAGED CARE ORGANIZATION UPDATE:
Chris Johnson, Pharmacy Director, Harmony, presented the proposed changes to their PDL:

- Additions to the PDL with clinical edits
  - Accolate® – QL–limited to 62 tablets per 31 days
  - Singulair®– QL–limited to 31 tablets per 31 days
  - Crestor®– QL–limited to 31 tablets per 31 days
  - Maxalt®– QL–limited to 9 tablets per 30 days
  - Valtrex®– QL–limited to 62 capsules per 31 days
- Deletions from PDL
  - moexipril
  - Axert®

Harmony proposed PDL changes were approved with seven ayes, and one abstention.

ATTACHMENT 4.3 --continued--

NEW DRUGS: None

LIAISONS WITH OTHER BOARD: None

PUBLIC COMMENT: Nancy Turner, president and CEO of the American Lung Association of Indiana, discussed the Environmental Protection Agency's ruling that CFC propelled inhalers must be off the market by December 31st, 2008. She urged the Board to be proactive in addressing the emerging CFC supply shortage by adding HFA products to the PDL.

Mr. Smith stated that the Therapeutics Committee was aware of the issue and would continue to monitor the situation and would take appropriate action when deemed necessary. He also noted that if a shortage arose, OMPP would be able to take immediate steps to address the situation.

OLD BUSINESS: None

NEW BUSINESS: None

MEETING ADJOURNED.

March 2006

APPROVAL OF MINUTES: Dr. Eskew asked for approval of the minutes from the February 17th meeting. It was moved, seconded and carried with a unanimous vote.

REMARKS FROM THE CHAIR: Dr. Eskew thanked the members for their attendance. He noted that a letter of complaint regarding one of the MCOs had been received by the Board and that the letter was being forwarded to OMPP managed care staff for appropriate follow up.

OPENING COMMENTS: Mr. Shirley, OMPP, informed the Board that the Mental Health Quality Advisory Committee had met the day before, and there are now also two subcommittees. One subcommittee is a technical group headed by Jeremy Thain and assisted by Mike Sharp. The other subcommittee is a clinical group headed by Dr. George Parker and will be assisted by Mr. Shirley. All information concerning meeting times and minutes are now posted on the EDS website at www.indianamedicaid.com under the subheading, Pharmacy Services.

ACS UPDATE: Mr. Alday presented the prior authorization statistics for February. The only increase noted was in the beta-agonist class, which may be related to some sporadic shortages of albuterol inhalers. He stated that the albuterol situation was being closely monitored by OMPP, and that the Office would take appropriate action if the situation worsened in order to ensure that all patients had access to needed medications. Mr. Alday had a follow-up from the previous meeting concerning the use of the emergency override provision of the claims processing system. He stated that, subsequent to coordinating with OMPP, a banner page had been drafted that would be sent out to all providers reminding them of the proper procedure for emergency

ATTACHMENT 4.3 --continued--

overrides. An informational copy was presented to the Board. It was also noted that, in midsummer, a "next day" auditing function would be rolled out that would monitor these types of issues. Mr. Alday then presented a proposed Board newsletter addressing the rational use of antibiotics. It was moved and seconded to approve the newsletter and the motion passed. Mr. Alday also presented a breakdown of early refill prior authorization requests by the Top 25 therapeutic classes. The numbers showed that the top classes were medications that involve dose titration as well as meds that are used on an as-needed basis. Several OTC items were also noted in the Top 25, and he stated that ACS was working with OMPP and EDS in order to determine if the edits on those medications should be continued.

MANAGED CARE ORGANIZATION UPDATE: Tim Maley of OMPP Managed Care staff stated there were no MCO PDL changes this month, and asked if there were any questions regarding the managed care quarterly reports sent to the Board. There were none.

NEW DRUGS: None

LIAISONS WITH OTHER BOARD: Mr. Smith stated that the Therapeutics Committee had expressed a desire to review and provide input on the mental health drugs. The board noted their concern, and stated that it would be more prudent to await the direction from the Mental Health Quality Advisory Committee prior to moving forward with any reviews.

PUBLIC COMMENT: None

OLD BUSINESS: None

NEW BUSINESS: None

MEETING ADJOURNED.

April 2006

APPROVAL OF MINUTES: Dr. Eskew asked for approval of the minutes from the March 17th meeting. It was moved, seconded, and carried with a unanimous vote.

REMARKS FROM THE CHAIR: Dr. Eskew did not have any opening remarks.

OPENING COMMENTS: Marc Shirley, OMPP, informed the Board that the DUR annual report would be presented at the May meeting. Also, the PDL report is scheduled for presentation at the June meeting. Mr. Shirley introduced Mr. Mark Fritz as the new manager for managed care. Mr. Shirley briefly referenced the activities of the Mental Health Quality Advisory Committee and its two subcommittees, technical and clinical. He reminded everyone that information concerning meeting times and minutes are now posted on the EDS website at www.indianamedicaid.com under the subheading, Pharmacy Services.

ATTACHMENT 4.3 --continued--

MANAGED CARE ORGANIZATION UPDATE:

Chris Johnson, Pharmacy Director, Harmony, presented the proposed changes to their PDL:

- Additions to the PDL
  - Glyburide/metformin tablets
  - Gabapentin tabs/caps/soln
  - Avandaryl®
  - Lotemax® ophthalmic suspension
  - Vexol® ophthalmic suspension
  - Acular® ophthalmic suspension
- Additions to the PDL with clinical edits
  - Ceftriaxone injection QLL - 1 vial per Rx
- Deletions from PDL
  - Voltaren® ophthalmic solution

Harmony proposed PDL changes were approved with six ayes and one abstention.

Herb Pegues, Medical Director with MDwise, presented the proposed changes to their PDL:

- Additions to the PDL
  - Nuvaring®
  - Seasonale®
- Addition to the PDL with clinical edits
  - Neulasta® - requires PA

MDwise's proposed PDL changes were approved with six ayes and one abstention.

Tim Maley, Managed Care Director, OMPP, addressed the Board concerning the MCO annual report. He reviewed the layout of the report and summarized the contents. Dr. Lindstrom noted that Caresource stood out from the other MCOs with the number of prior authorization requests. Essentially, all prior authorizations were approved with no denials. Wendy Knoll, Caresource, stated that since they were a "new player" in Indiana, they did not want to create a big disturbance for physicians. Therefore, if the physician called in with a reasonable request, it was approved. Dr. Irick noted that some prescribers, notably in the hospice setting, were now using Zyprexa for nausea and vomiting. He stated it could be minimally dosed and was less expensive than some current therapies. Mr. Smith pointed out a typographical error in the Harmony report. Chris Johnson acknowledged the error and responded that it will be corrected. Mr. Mychaskiw questioned a grievance received from Molina for Activase and its use from a retail pharmacy. Larry Harrison stated that Activase was most likely dispensed for use in an occluded catheter.

It was moved and seconded to approve the report. The motion passed unanimously.

ACS UPDATE: Mr. Alday presented the prior authorization statistics for March. He also presented a **RetroDUR intervention that addresses the use of long-acting benzodiazepines in the elderly.** It was moved and seconded to approve the intervention. The motion passed unanimously.

ATTACHMENT 4.3 --continued--

NEW DRUGS: None

LIAISONS WITH OTHER BOARD: None

PUBLIC COMMENT: None

OLD BUSINESS: It was noted that the letter from Wabash Valley Hospital had been addressed with follow-up information.

NEW BUSINESS: None

MEETING ADJOURNED.

May 2006

APPROVAL OF MINUTES: Dr. Eskew asked for approval of the minutes from the April 21st meeting. It was moved, seconded, and carried with a unanimous vote.

REMARKS FROM THE CHAIR: Dr. Eskew did not have any opening remarks.

OPENING COMMENTS: Marc Shirley, OMPP, informed the Board that Jean LaBrecque would be delayed in attending the meeting until after 10 a.m., but that she would address any questions the Board may have concerning the Mental Health Quality Advisory Committee (MHQAC) memorandum that was sent out. The memorandum is an update of the approach that the Committee plans to employ in order to encourage proper utilization of mental health drugs. Mr. Shirley then advised that the DUR Annual report would be presented by Dr. Michelle Laster-Bradley who would be joining via telephone. He also noted that the PDL report would be presented at the DUR Board meeting held in July. Mr. Shirley informed the Board that Tim Maley of Managed Care staff had left OMPP. He also reminded everyone that information concerning MHQAC meeting schedules, meeting minutes, and other information was available on the EDS website at www.indianamedicaid.com under the subheading, Pharmacy Services.

THERAPEUTICS COMMITTEE LIAISON REPORT: Dan Alday, Clinical Account Manager from ACS, presented the Therapeutics Committee's recommendations from their May 5th meeting. He stated that, as always, the three primary drivers behind those recommendations were clinical implications, drug costs, and total program costs. The Committee had reviewed seven therapeutic classes in addition to two recommendations concerning the OTC Drug Formulary. The Committee offered the following recommendations. The Board discussed and acted on each class individually.

- **CNS & Others:**
  - Antiemetics - no changes were recommended
  - Brand Name Narcotics
    - Move Anexia® to non-PDL
    - Move Ultram ER® to non-PDL
    - Add quantity limit to Ultram ER® (limit 1 tablet/day)
  - COX-2 Inhibitors - no changes were recommended

ATTACHMENT 4.3 --continued--

- NSAID/PPI Combination - no changes were recommended
- Skeletal Muscle Relaxants - no changes were recommended
- Triptans
  - Add Imitrex STATdose® to the PDL
  - Add quantity limit to Imitrex STATdose® of 1 box of 2 injections per month
- Smoking Deterrent Agents - no changes were recommended

Public Comment: None
Board Discussion: Mr. Smith requested clarification of the number of days constituting a month. It was stated that the system was set at 23 days which would account for a refill grace period.
Board Action: The CNS and Others class recommendations were approved unanimously.

➢ **Dermatologics**
- Acne Agents - no changes were recommended
- Antipsoriatic Agents – no changes were recommended

Public Comment: None
Board Discussion: None
Board Action: It was moved and seconded to approve the recommendations of the Dermatologics class. The motion passed unanimously.

➢ **Endocrine**
- Antidiabetic Agents
  - Add glimepiride to the PDL
  - Add glipizide/metformin to the PDL; step edit- must fail one of the agents in the combo
  - Add glyburide/metformin to the PDL; step edit- must fail one of the agents in the combo
  - Add Avandaryl® to the PDL; step edit- must fail one of the agents in the combo
  - Move Metaglip® to non-PDL
  - Move Amaryl® to non-PDL
- Bone Resorption Suppression Agents
  - Add etidronate to the PDL
  - Move Boniva® 3mg/3ml single use, prefilled syringe with a quantity limit of one syringe every 90days
- Glitazones - no changes were recommended
- Forteo - no changes were recommended

Public Comment: None
Board Discussion: Mr. Smith stated that the T-committee had some discussion with the Avandaryl step edit, but it made sense to include the step edit for consistency with other agents.
Board Action: The Endocrine class recommendationswere approved with six ayes, and one abstention.

ATTACHMENT 4.3 --continued--

- **Gastrointestinal**
  - Proton Pump Inhibitors – no changes were recommended
  - H2 Receptor Antagonists – no changes were recommended
  - H. pylori Agents – no changes were recommended

Public Comment: None
Board Discussion: None
Board Action: The Gastrointestinal class recommendations were approved unanimously.

- **Genitourinary**
  - BPH Agents – no changes were recommended
  - Urinary Tract Antispasmodics – no changes were recommended

Public Comment: None
Board Discussion: None
Board Action: The Genitourinary class recommendations were approved unanimously.

- **Hematological**
  - Hematinics and Other – no changes were recommended
  - Heparin and Related Products – no changes were recommended
  - Leukocyte Stimulants – no changes were recommended
  - Platelet Aggregation Inhibitors – no changes were recommended

Public Comment: None
Board Discussion: None
Board Action: The Hematological class recommendations were approved unanimously.

- **Topical Agents**
  - Eye Antihistamines/Mast Cell Stabilizers – no changes were recommended
  - Glaucoma Agents – no changes were recommended
  - Topical Estrogen Agents – no changes were recommended
  - Wound Care Products – no changes were recommended

Public Comment: None
Board Discussion: None
Board Action: The Topical Agents class recommendations were approved unanimously.

- **OTC Drug Formulary**
  - Add Magonate® liquid to the formulary
  - Remove Vitamin E 200IU and 400IU from the formulary

Public Comment: None

Board Discussion: There was much discussion over the suggested removal of the Vitamin E products from the formulary, when that recommendation was based on the results of only one study. The general consensus was that Vitamin E was inappropriate only in doses above 1000IU/day. The board requested that Mr. Alday gather utilization data to determine the number of patients receiving inappropriate doses.

ATTACHMENT 4.3 --continued--

Board Action: It was moved and seconded to approve the addition of Magonate liquid to the formulary but not approve the removal of Vitamin E. The motion passed unanimously.

ACS UPDATE: Mr. Alday presented the Prior Authorization statistics for April. He noted that the Wound Care class had only 27 requests for Prior Authorization, so it was not a major issue as thought. In addition, while the limit of 3grams per day on acetaminophen products generated some calls from pharmacies, there were no follow-up requests from physicians for any overrides for these products.

MANAGED CARE ORGANIZATION UPDATE: Chris Johnson, Pharmacy Director with Harmony, presented the proposed changes to their PDL:

- Additions to the PDL
  - Mynate 90 Plus
  - Prenatal MR 90 Fe
  - Prenatal Plus
  - Prenatal Z
  - Ultra Natalcare
  - Ultra Natal

Board Action: Harmony PDL Additions were approved unanimously.

DUR ANNUAL REPORT: Dr. Michelle Laster-Bradley presented the DUR Annual Report. It is the annual report that is required by CMS that describes what the State is doing in its drug utilization review program, focusing especially on the prospective and retrospective utilization review components. She briefly addressed the several attachments and tables included in the report, noting the following: Attachment 2 contains ProDUR prior authorization activity. Attachment 3 contains RetroDUR activity. Attachment 4 contains the DUR Board activities for the entire federal fiscal year. Attachment 5 contains information regarding the State's generic substitution policy. Attachment 6 is a combination of the ProDUR and RetroDUR edits and the savings that had been achieved. Dr. Laster-Bradley then referred the Board to page 167 of the report, which listed the estimated savings amounting to $1.6 million. She added that the return on investment listed in the report was $3.82 for every dollar spent on the program, based on the RetroDUR savings alone.

Dr. Irick pointed out two misspellings on page 11. Dr. Laster-Bradley stated they would be corrected. Dr. Wernert noted that the costs savings had decreased as the program has progressed. Referring to the therapeutic duplication statistics, Dr. Irick stated that many times this edit posted on invalid duplication of narcotic analgesic therapy where a patient was on a long-acting medication combined with a short-acting agent for breakthrough pain. He inquired if this edit could be more accurate. Mike Sharp stated that the agency, like many providers, depends on a drug file from First Databank (FDB), and that currently FDB is unable to make differentiations between these agents. It was also noted that some of the numbers in the conflict code tables did not seem to match up appropriately. Mr. Alday stated that he would address this and make sure the tables were labeled correctly.

ATTACHMENT 4.3 --continued--

A motion was put forth to approve the DUR Board CMS Annual Report with the few noted corrections and was seconded. The motion passed unanimously.

NEW DRUGS: None

LIAISONS WITH OTHER BOARD: None

PUBLIC COMMENT: None

OLD BUSINESS: None

NEW BUSINESS: Dr. Irick brought up an issue with the new Medicare D formularies and questioned who the overseer was. Mr. Musial stated that the Med D formularies are overseen by CMS at the federal level.

Mr. Shirley asked if there were any questions regarding the MHQAC letter. He stated that it was defining the approach the Committee intended to take, and they were requesting the Board's approval before they move forward. Dr. Wernert noted that the MCOs were only being asked to voluntarily participate whereas participation from the fee for service environment was mandatory. Dr. Irick referenced the approach the Committee was taking on opioids. Mr. Sharp stated that the Committee had reviewed the opioids and had decided to not include them in the initiative. It was moved and seconded to approve the Committee's process. The motion passed unanimously.

MEETING ADJOURNED.

June 2006

APPROVAL OF MINUTES: Dr. Eskew asked for approval of the minutes from the May 26th meeting. It was moved, seconded, and carried with a unanimous vote.

REMARKS FROM THE CHAIR: Dr. Eskew did not have any opening remarks. Dr. Eskew recognized Dr. Ceh who announced that she had accepted a position out-of-state and would be leaving the Board. Dr. Eskew thanked Dr. Ceh for her service and congratulated her on her new position.

OPENING COMMENTS: Marc Shirley, OMPP, updated the Board on the progress being made by the Mental Health Quality Advisory Committee (MHQAC). He stated that three items would be presented to the Board during the July meeting: the process for medical necessity review, the prior authorization criteria, and provider education.

MENTAL HEALTH QUALITY ADVISORY COMMITTEE TECHNICAL REPORT: Mike Sharp, OMPP, discussed the technical aspect of how the claims system would detect the level 1 situational triggers. He stated that there are three proposed edits that will target three or more benzodiazepines, two or more tricyclic antidepressants, or three or more of any antipsychotics that

would include a combination of typical and/or atypical antipsychotics. The system will utilize the therapeutic class designation from the First Databank file. The look back period would be 45 days. The system will not consider claims with a days supply of 28 or less. Mr. Smith had a few comments that he requested Mr. Sharp to address to the Committee. He felt that the psychostimulants, SSRIs, and SNRIs should also be included. He also wished to have the Committee review the trigger for amoxapine and also the possible inclusion of buspirone. Mr. Wilson requested that an electronic copy of the report be provided prior to the meeting for review. Mr. Sharp asked the Board for approval of the MHQAC triggers; however, there were not enough physicians present to vote. Mr. Sharp said he would repeat the presentation at the July meeting.

ACS UPDATE: Mr. Alday presented the Prior Authorization statistics for May. He noted no variances from the previous month's statistics. Mr. Smith requested follow-up information from May's discussion on Vitamin E. Mr. Alday stated he would present utilization for the product at the July meeting.

MANAGED CARE ORGANIZATION UPDATE: Larry Harrison, Pharmacy Director with MHS, presented the proposed changes to their PDL. Without the required number of physicians present, the Board was unable to approve. Mr. Harrison will, therefore, present the changes at the next meeting.

NEW DRUGS: None

LIAISONS WITH OTHER BOARD: None

PUBLIC COMMENT: None

OLD BUSINESS: None

NEW BUSINESS: None

MEETING ADJOURNED.

July 2006

APPROVAL OF MINUTES: Dr. Eskew asked for approval of the minutes from the June 16th meeting. It was moved, seconded, and carried with a unanimous vote.

REMARKS FROM THE CHAIR: Dr. Eskew announced that he had been elected to the position of Trustee with the Indiana University Board of Trustees and thanked everyone for their support. He also noted that he would not attend the August meeting and informed everyone that the Vice Chair, Dr. Mychaskiw, would act as chair during the meeting.

APPOINTMENT TO THE THERAPEUTICS COMMITTEE: Dr. Matthew Smith, a pediatrician from Greenwood, was proposed as a candidate to join the Therapeutics Committee. It was moved and seconded to approve Dr. Smith. The motion passed unanimously.

OPENING COMMENTS: None

ATTACHMENT 4.3 --continued--

MENTAL HEALTH QUALITY ADVISORY COMMITTEE TECHNICAL REPORT: Mike Sharp, OMPP, discussed the technical aspect of how the claims system would detect the level 1 situational triggers. He stated that there are three proposed edits that will target:

- three or more benzodiazepines
- two or more tricyclic antidepressants
- three or more of any antipsychotics
  - Two or more typical antipsychotics
  - Three or more atypical antipsychotics

The system will utilize the therapeutic class designation from the First Databank file. The look-back period would be 45 days. The system will not consider claims with a days supply of 28 or less. He also reviewed the messaging that the pharmacy would receive when a claim rejects with this edit. Dr. Lindstrom asked if the MCOs would also utilize these changes. Mr. Sharp said the MHQAC would discuss this particular issue at their next meeting. It was moved and seconded to approve the technical criteria. The motion passed unanimously.

Kelly Henderson informed the Board that the MHQAC Clinical Subcommittee was in the process of drafting the prior authorization form that will be used when a claim rejects with a level 1 trigger. The Subcommittee was further charged to define the process so that all decisions are handled uniformly. The prior authorization form is still in first draft. It will be presented to the Board once finalized.

Dr. George Parker discussed the development of the criteria that will be used for prior authorization requests. The Clinical Subcommittee identified five questions to evaluate appropriateness of therapy. To develop consistency in requesting prior authorizations, the subcommittee was tasked with creating a flowchart that demonstrates all applicable scenarios.

Larry Harrison reviewed a draft of an informational letter written by the Communication Subcommittee of the MHQAC. This letter will be sent to all prescribers and pharmacies to inform them of the new edits that will take effect and the start date of the changes.

MANAGED CARE ORGANIZATION UPDATE: Larry Harrison, Pharmacy Director with Managed Health Services, presented the proposed changes to their PDL:

- Additions to the PDL:
  - Simvastatin
- Clinical edit changes
  - Cortisporin® Otic Susp—QL of 20ml per month
  - VoSol® HC Otic—QL of 20ml per month
  - Valtrex® 1gram—QL of 21 per month
  - Elidel® Cream—QL of 30gm per month
  - Ciprofloxacin Opth Soln—QL of 30ml per month
  - Valtrex® 500mg—QL of 42 tabs per month
  - Ciprofloxacin 250mg tabs—QL of 56 tabs per month
  - Ciprofloxacin 500mg tabs—QL of 56 tabs per month
  - Ciprofloxacin 750mg tabs—QL of 56 tabs per month

ATTACHMENT 4.3 --continued—

- Ciprodex® Otic—QL of 7.5ml per 30 days
- Nuvaring®--QL of 1 per month
- Ortho Evra® patches—QL of 3 patches per month
- Singulair®--QL of 30 tabs per month, continue the step therapy
- Omnicef® Susp—add step therapy edit- cephalexin, amoxicillin or amoxicillin/clavulanate trial; or PCN allergy
- Promethazine—add age limit of 2 or greater (following FDA guidelines)
- Pulmicort® Respules—change age limit from less than 10 years to 8 years and younger
- Azithromycin 500mg—change QL from 6 to 3 tabs per month
- Floxin® Otic Soln—change QL OF 5ML PER Rx to 10ml per month
- Vytorin®--change to PA required

➢ Additions to the PDL with edits:

- Ofloxacin Opth Soln—add to the PDL with a QL of 30ml per month
- Ofloxacin 200mg tabs—add to the PDL with a QL of 56 tabs per month
- Ofloxacin 300mg tabs—add to the PDL with a QL of 56 tabs per month
- Ofloxacin 400mg tabs—add to the PDL with a QL of 56 tabs per month

➢ Deletions from the PDL:

- Azithromycin 600mg tabs
- Ciprofloxacin 100mg tabs
- Levaquin 250mg tabs
- Levaquin 500mg tabs
- Levaquin 750mg tabs

Managed Health Services proposed changes were approved with five ayes and one abstention.

Chris Johnson, Pharmacy Director, Harmony, presented the proposed changes to their PDL:

➢ Additions to the PDL

- Asmanex®
- Vesicare®
- Travatan®

➢ Deletions from PDL

- Detrol® (tablets and LA capsules)
- Azmacort®
- Pulmicort® Turbohaler
- Flonase® (brand only)
- Nasonex®

Harmony proposed changes were approved with five ayes and one abstention.

ACS UPDATE: Mr. Alday presented the Prior Authorization statistics for June. He noted a small increase in requests for COPD agents. Mr. Alday also presented follow-up information from discussions in May on Vitamin E. He stated that approximately 1,000 patients were taking either the 200IU or 400IU products. Out of 1,000 patients, 400 were taking Vitamin E in doses exceeding 400IU/day. He noted that the T-Committee would be reviewing the OTC formulary during the August meeting. Any recommendations of quantity limits would be presented at that time.

ATTACHMENT 4.3 --continued—

NEW DRUGS: None

LIAISONS WITH OTHER BOARD: None

PUBLIC COMMENT: None

OLD BUSINESS: None

NEW BUSINESS: None

MEETING ADJOURNED.

August 2006

APPROVAL OF MINUTES: Dr. Mychaskiw asked for approval of the minutes from the July 21st meeting. It was moved, seconded, and carried with a unanimous vote.

REMARKS FROM THE CHAIR: Dr. Mychaskiw had no opening remarks.

OPENING COMMENTS: Mr. Shirley stated that Cathy Rudd, from the Office of General Counsel, would be unable to attend due to a scheduling conflict; however, Karen Davis, the Public Access Counselor, would give a presentation on the Open Door Law. He also noted that the meeting schedule for calendar year 2007 DUR Board meetings was included in the Board's meeting materials.

PUBLIC COMMENT: Deb Wezensky, Health Promotion Manager, American Lung Association, spoke on behalf of persons with asthma in Indiana. Ms. Wezensky reminded the Board that all CFC inhalers must be removed from the market by January 1, 2008. In addition, she informed the Board that the FDA recommended health systems to begin making the conversion from CFC to HFA products. She also stated that CFC and HFA inhalers could have shortages in the coming asthma season and asked the Board to continue to make all HFA products available.

INDIANA " OPEN DOOR" LAW:

Ms. Davis provided an overview of the Indiana "Open Door" Law. She stated that the public must have access to meetings such as the DUR Board meeting. She further stated that audio/visual devices are permitted but could be regulated to avoid disturbance to attendees. Ms. Davis explained that a 48-hour notice indicating the date, time, place, and purpose is required of government meetings. In addition, notice must be provided in an electronic format. Ms. Davis pointed out that it is possible for agendas to be changed. She further stated that notice to the news media must occur by January 1st of each year if the news media requests such notice. Ms. Davis pointed out that only confidential and proprietary information could be discussed during an Executive Session and that a statement certifying this fact is required. Ms. Davis then explained that the memoranda must contain the date, time, place, and voting results of the Executive Session with the exception of discussions.

ATTACHMENT 4.3 --continued—

Additionally, Ms Davis informed attendees that all meeting sites must be handicapped accessible. She stated that court action may be taken if the Open Law is breached and that a complaint could be filed at her office. Ms. Davis warned Board members to avoid "e-mail meetings." Ms. Davis referenced a relevant court challenge that occurred in the state of Virginia. Lastly, Ms. Davis informed the attendees that telephone/video conferences were allowed as long as a quorum was physically present at the designated meeting site.

PRESENTATION OF DRAFT OF THE 4th PDL REPORT-ACS: Michelle Laster-Bradley, Health Outcomes Scientist from ACS, presented the draft of the 4th report on the evaluation of the Indiana Medicaid Preferred Drug List based on the time period April 2005 through September 2005. Dr. Laster-Bradley provided a brief outline and gave some historical information concerning the success of the PDL in preceding years.

A) The Objectives of the Study

(1) To evaluate any increase(s) in Medicaid physician, laboratory, or hospital cost associated with the PDL resulting in cost shifting
  (a) No statistically significant changes in medical expenditures were observed at 6, 12, 31 & 37 months after PDL implementation. (p-value=0.001)
  (b) Therapeutic classes with sample sizes large enough to draw statistically valid conclusions were studied

(2) To assess recipients' access to medications
  (a) No statistical significance in terms of evidence demonstrating impediment of access related to the PDL (about 0.013% of recipients did not obtain their medications due to any number of factors, e.g.. sampling)
  (b) Patient non-adherence was cited as an issue. It was noted that medical costs for a non-adherent patient was significantly higher when compared to adherent patients.

(3) To report the number of times a PA was requested, approved, or disapproved comparing numbers from previous six months
  (a) There was a decrease in the number of denials

(4) To report the cost of administering the program and to report the associated savings
  (a) Expenditures for administering the program to calculate net savings was examined
  (b) Supplemental rebate programs was factored in

Results of the Study:

Savings minus Rebate Changes minus Cost to Administer Study

(1) Year One: Savings were estimated at $7.4 to $8.16 million

(2) Year Two: Savings were an additional estimated $379,000 ($7.4 to $8.16 million + $379,000)

(3) First 6 months of Year Three: Savings were an additional estimated $7.91 to $8.3 million ($8.54 million + $7.91 to $8.3 million)

(4) Second 6 months of Year Three: Savings were an additional estimated $16.3 to $16.7 million

(4) Total savings over a 3 year period: $30.5 to $32.8 million

ATTACHMENT 4.3 --continued—

Recommendations for Improvement

(1) Limit the number of preferred agents in each therapeutic class to increase supplemental rebate opportunities—re-evaluate therapeutic classes for opportunities to further increase the market share of clinically equivalent, less expensive alternatives within the class.
(5) Explore opportunities to remove or change current therapeutic classes
(6) Explore the "Triple A's" for inclusion into the PDL program - due to a substantial market shift in the utilization of these products.

There was much debate over several items included in the Report. After discussion, the DUR Board requested the following changes be made:

- *The DUR Board requested to change the word "compliance" to "adherence", and "compliant" to "adherent." throughout the document.*
- *The DUR Board requested the 2nd and 3rd bullet points be removed from the document on page 11 in the "Recommended Action" box. The DUR Board requested to remove the recommendation to "modify the PA processes to require failure of the preferred drug prior to granting PA approval" from page. 11 and page 21.*
- ***The DUR Board requested every heading in Table E.2 on page 11 to be spelled out and a key be provided for terms where applicable.***
- *The DUR Board requested that the numbers for Total Net Savings (Net CMS rebates) on pages 15, 17, and 78 be changed to reflect consistency with the other PDL report figures on Total Net Savings (Net CMS rebates).*
- *The DUR Board requested a detailed narrative to be inserted in the Executive Summary after Table E.3 on page 16 that explains what caused Net Savings to increase dramatically from the 1st to the 2nd half of Year 3.*
- *The DUR Board requested that the last sentence on page 20 of the Draft under the heading "Remove some AAAX drugs from Automatic Preferred Status" be removed.*
- *The DUR Board requested to remove all recommendations (specific brand name drugs and first fail processes) from page 21 and part of page 22 of the Draft.*

It was moved and seconded to approve the report with the above noted changes. The motion passed with six ayes and one nay.

THERAPEUTICS COMMITTEE LIAISON REPORT: Dan Alday, ACS, presented the Therapeutics Committee's recommendations from their August 4th meeting. He stated that, as always, the three primary drivers behind the recommendations were clinical benefits, drug costs, and total program costs. At this meeting, the T Committee reviewed four therapeutic groupings and the OTC formulary. The Committee offered the following recommendations. The Board discussed and acted on each class individually.

- **Respiratory:**
  - Beta agonists
    - Move Xopenex® HFA to Non-PDL while maintaining the current quantity limit of 3 canisters per month for ages 18 and younger and 2 canisters per month for ages 19 and over

ATTACHMENT 4.3 --continued—

- Leukotriene inhibitors - no changes were recommended
- Non-sedating antihistamines
  - Add Clarinex-D® 12 Hour to the PDL; change step edit for Clarinex-D products to – must have failed a trial of OTC loratadine/pseudoephedrine within the previous 3 months
  - Add step-edit to Allegra®/fexofenadine products - must have failed a trial of OTC loratadine within the previous 3 months; add step-edit to Allegra-D®/fexofenadine D - must have failed a trial of OTC loratadine/pseudoephedrine within the previous 3 months
- Nasal preparations
  - Move Atrovent® nasal spray to Non-PDL
  - Move fluticasone nasal spray to Non-PDL
- Orally inhaled corticosteroids
  - Add Aerobid® to the PDL
  - Add Aerobid-M® to the PDL
  - Remove Flovent® (non-HFA formulation) from the PDL document
    - Agents used to treat COPD - no changes were recommended
    - Beta agonist/corticosteroid combination (Advair®) - no changes were recommended

Public Comment: None
Board Discussion: None
Board Action: The Respiratory class recommendations from the Therapeutics Committee were accepted with six ayes and one abstention.

➢ **Anti-infectives**

- Anti-herpetic agents - no changes were recommended
- Anti-viral (influenza) agents - no changes were recommended
- Third-generation cephalosporins - no changes were recommended
- Fluoroquinolones
  - Move Tequin® to Non-PDL
  - Move Proquin® XR to Non-PDL
- Macrolides - no changes were recommended
- Ketolides - no changes were recommended
- Ophthalmic antibiotics
  - Move Zylet® to Non-PDL
- Otic antibiotics
  - Add Floxin® Otic multi-dose bottle to the PDL
  - Remove Otobiotic® and Chloromycetin® from the PDL document
- Systemic antifungals - no changes were recommended
- Topical antifungals - no changes were recommended
- Vaginal antimicrobials
  - Add Metrogel® Vaginal Gel to the PDL

Public Comment: Dr. Clark Springs, an ophthalmologist from the Indiana School of Medicine, spoke on behalf of the fourth generation flouroquinolone ophthalmic antibiotics. He felt that the age restriction placed on the agents was inappropriate and should be removed.

ATTACHMENT 4.3 --continued—

Debora Thorn, with Novartis, spoke on behalf of Famvir®. Ms. Thorn stated the FDA had recently approved Famvir® as a single-day treatment for patients with recurrent genital herpes. This information was not available to ACS prior to the deadline for clinical submissions. She requested that the T Committee re-evaluate the antiherpetic class with this new information available. Dr. Lindstrom asked how much quicker the product healed sores compared to other treatment. Ms. Thorn said the time was considered equivalent.

Board Discussion: Mr. Smith reviewed the T Committee's discussion of the age restriction as it relates to Vigamox® and Zymar®. He stated the Committee was concerned that if the age limit were lifted utilization of these products would increase due to inappropriate use.

Board Action: Anti-infectives class recommendations from the Therapeutics Committee were accepted with six ayes and one abstention.

- **Cardiovascular**
  - ACE-Inhibitors
    - Move Monopril® to Non-PDL
    - Move Lotensin® to Non-PDL
  - ACE-Inhibitor/calcium channel blocker combinations - no changes were recommended
  - ACE-Inhibitor/diuretic combinations
    - Move Monopril® HCT to Non-PDL
    - Move Lotensin® HCT to Non-PDL
  - ARBs - no changes were recommended
  - ARBs/diuretic combinations - no changes were recommended
  - Beta blockers - no changes were recommended
  - Calcium channel blockers
    - Move Plendil® to Non-PDL
    - Move immediate release isradipine to Non-PDL
    - Affirm all formulations of Cardizem® as Non-PDL
  - Calcium channel blocker/lipotropic (Caduet®)- no changes were recommended
  - Inspra® - no changes were recommended

Public Comment: None

Board Discussion: Mr. Smith relayed the T Committee's concern whether ACE inhibitor combinations were being used as first-line medications. The Committee also wanted to identify a way to distinguish those patients on individual drug entities to encourage the use of a combination product. Mr. Alday stated that that would be in an upcoming RetroDUR intervention.

Board Action: The Cardiovascular class recommendations from the Therapeutics Committee were accepted with six ayes and one abstention.

ATTACHMENT 4.3 --continued—

- **Lipotropics**
  - Bile acid sequestrants - no changes were recommended
  - Fibric acids
    - Add Tricor® to the PDL
    - Move fenofibrate to Non-PDL
    - Move Lofibra® to Non-PDL
  - HMG CoA Reductase Inhibitors (Statins)
    - Add simvastatin to the PDL
    - Add pravastatin to the PDL – step edit - patient must have a clinically significant drug-drug interaction with other statin-type cholesterol-lowering agents
    - Move Pravachol® to Non-PDL – step edit - patient must have a clinically significant drug-drug interaction with other statin-type cholesterol-lowering agents
    - Move Zocor® to Non-PDL
  - Other lipotropics
    - Zetia® revised step edit - patients currently on an HMG-CoA reductase inhibitor or fenofibrate may receive Zetia® to augment therapy

Public Comment: None
Board Discussion: None
Board Action: The Lipotropics class recommendations from the Therapeutics Committee were accepted with six ayes and one abstention.

- **Triptans**
  - Move Maxalt® (plain) to Non-PDL

Public Comment: Beth Mullen, with Merck Neurosciences, spoke on behalf of Maxalt®. Ms. Mullen stated that the plain tablet and the MLT form both have similar efficacy and onset of action. She felt that some people preferred the plain tablet over the MLT and requested that it remain on the PDL.

Board Discussion: Dr. Irick stated that his patients all preferred the MLT formulation, and he was comfortable with the recommendation. Mr. Smith noted that the T Committee brought up a FDA warning concerning the combination use of Triptans with SSRIs, which could lead to serotonin syndrome.

Board Action: The Triptans class recommendations from the Therapeutics Committee were accepted with six ayes and one abstention.

- **OTC formulary**
  - Add cyanocobalamin 500mcg and 1000mcg oral tablets to the formulary

Public Comment: None
Board Discussion: Several members of the Board expressed concern that the tablet form of cyanocobalamin was not absorbed orally, and if the patient needed B-12, it should be administered via injection form.

ATTACHMENT 4.3 --continued—

Board Action: It was moved and seconded to accept the recommendations from the Therapeutics Committee for the OTC formulary. The motion failed with two ayes, four nays and one abstention.

ACS UPDATE: Mr. Alday presented the PA statistics from June. He noted that the call center had received their first request for an override on the 3 gram per day acetaminophen limit. This was approved since it was within the criteria guidelines. No other changes were noted. He also presented a proposed **DUR newsletter on the management of heartburn**. **It was approved unanimously.** Mr. Alday also presented a RetroDUR intervention regarding the utilization of Triptans without the use of prophylactic medication. Since there was not a quorum of physicians present, it was moved and seconded to postpone the intervention until next month. The motion passed unanimously.

MANAGED CARE ORGANIZATION UPDATE:

Kelly Henderson, Pharmacy Director, MDwise, presented proposed changes to their PDL:

- Additions to the PDL:
  - QVAR®
- Clinical edit changes
  - isotretinoin—step edit - use of at least a 30-day therapy of systemic antibiotic (doxycycline, minocycline, tetracycline, erythromycin, sulfamethoxazole/TMP, clindamycin) first

MDwise's proposed PDL changes were approved with five ayes and one abstention

Chris Johnson, Pharmacy Director, Harmony, presented the proposed changes to their PDL:

- Additions to the PDL
  - Depakote® Sprinkle
  - Premesis® Rx
- Additions to the PDL with clinical edits
  - Plan B®

Harmony's proposed PDL changes were approved with five ayes and one abstention.

NEW DRUGS: Dr. Irick asked if the T Committee would be reviewing Atripla®, a combination product for the treatment of HIV. Mr. Musial stated that it was in a non-reviewed class and would be covered.

LIAISONS WITH OTHER BOARD: Mr. Wilson reported that the Pharmacy Board had received reports that pharmacies were interchanging Zanaflex® tablets and capsules; although, the products are not equivalent. Pharmacy Board inspectors had requested information and were going to follow-up on the allegations. Mr. Smith reported that the T Committee was concerned that many pharmacies were not providing 72-hour emergency fills, when applicable, especially as it relates to unit of use containers.

ATTACHMENT 4.3 --continued—

PUBLIC COMMENT: None

OLD BUSINESS: None

NEW BUSINESS: Dr. Mychaskiw reminded everyone to review the proposed meeting dates for calendar year 2007. Mr. Shirley was asked whether consideration had been given for the DUR Board to meet bi-monthly. Mr. Shirley stated that statute required monthly meetings. Mr. Smith asked if the Board would be seeking a replacement for Dr. Ceh. Mr. Shirley replied that OMPP would be open to suggestions for potential members.

MEETING ADJOURNED.

September 2006

APPROVAL OF MINUTES: A quorum was not present to approve the minutes. The August meeting minutes will be presented in the October meeting.

REMARKS FROM THE CHAIR: Dr. Mychaskiw had no opening remarks.

OPENING COMMENTS: Mr. Shirley stated that Dr. George Parker, from the Division of Mental Health and Addictions, would provide a brief update to the Board on the recent activities of the Mental Health Quality Advisory Committee. Given that there is no Board quorum, any items requiring the Board's approval will be presented at the October meeting.

MENTAL HEALTH QUALITY ADVISORY COMMITTEE (MHQAC) CLINICAL REPORT:

Dr. George Parker updated the Board on a few changes proposed by the clinical subcommittee of the MHQAC. One of the changes was a proposed hard edit that would post when a recipient is receiving three or more antidepressants at any one time (not including trazodone). A second change would be the edits would apply to prescriptions that are for more than 15 days. The clinical subcommittee also reviewed its list of questions that other agencies are to use in determining whether to grant authorization for particular practices. They determined that only three of the original five questions would be necessary.

1) Is the medication being prescribed for a DSM-IV diagnosis?
2) Is a psychiatrist prescribing at least one of the medications that triggered the edit?
3) Is a cross taper or a taper being planned for one of the medications?

If the answer to all three questions is yes, then the prior authorization is granted. If the answer is no, the request would not be granted, and the call could then be referred on to the medical director or another authority within the agency. The MHQAC agreed that October 31st would be the date that the mental health formulary restrictions would no longer apply for the managed care organizations. It was also noted that January 1st is the implementation date of the category 1 edits.

ATTACHMENT 4.3 --continued—

Tom Smith asked whether psychiatrist nurse practitioners would count in the above criteria questions. Dr. Parker stated he would bring that up at the next subcommittee meeting. Mr. Smith was also concerned that other edits that are set in the system may impact some of the edits being implemented by the MHQAC. Dr. Parker stressed that the Committee was working with OMPP on appropriate communication materials that will be sent out to educate providers of the upcoming changes.

ACS UPDATE: Mr. Alday presented the PA statistics from August. He noted that the call center had started receiving Synagis requests with the season staring October 1st. There had also been a slight increase in non-sedating antihistamine requests as well. Mr. Alday said he would present RetroDUR interventions at the October meeting, and one would address the triptan/SSRI interaction that Mr. Smith had noted in discussion.

MANAGED CARE ORGANIZATION UPDATE: None.

NEW DRUGS: Mr. Smith mentioned Ranexa, a new non-nitrate product to treat angina.

LIAISONS WITH OTHER BOARD: None

PUBLIC COMMENT: None

OLD BUSINESS: None

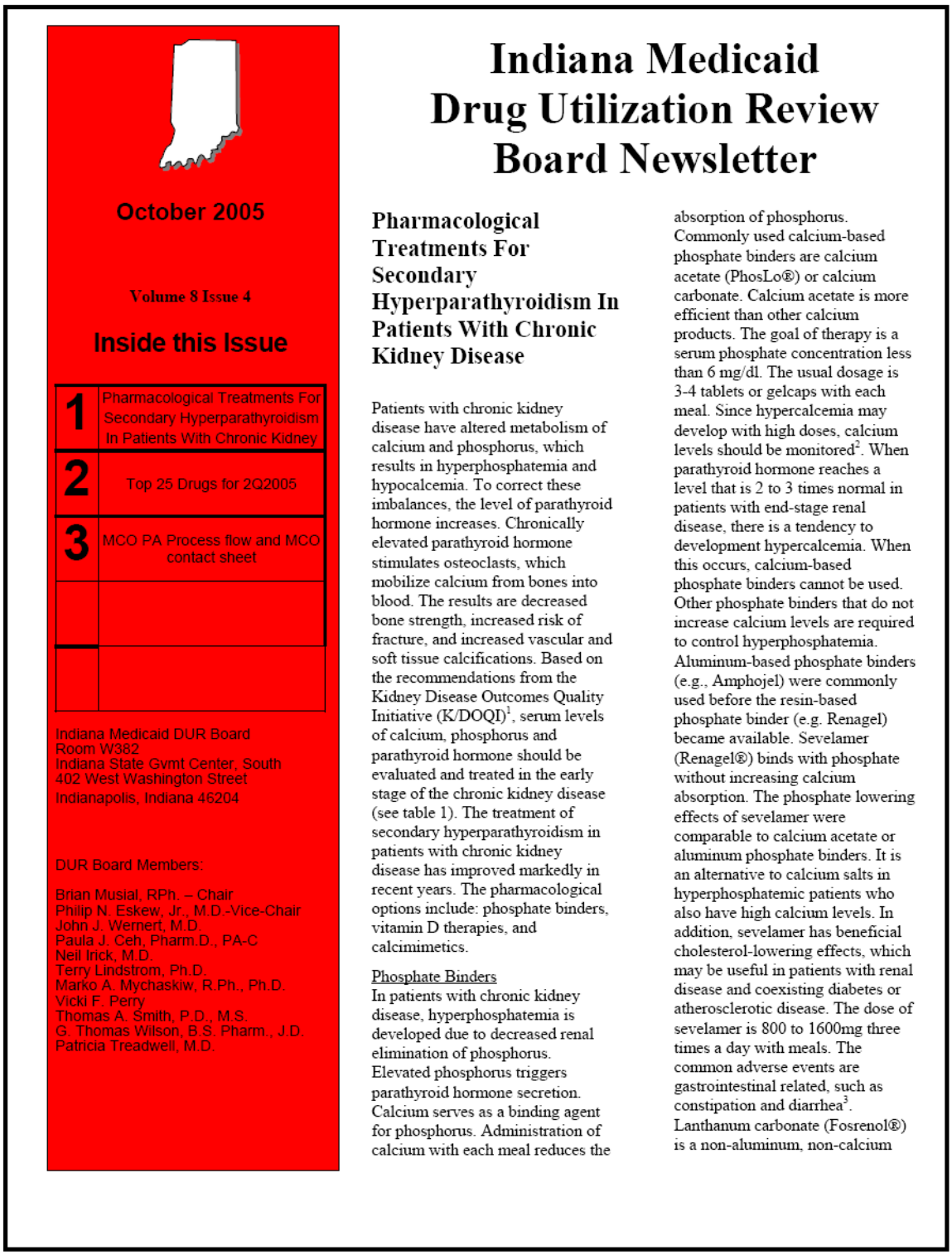
NEW BUSINESS: Mr. Smith said that he had spoken with a few cardiologists as well as some people in the internal medicine field who stated their protocols for PPIs are different from the PDL protocols approved by the DUR Board. He inquired as to whether the Board felt he should discuss those concerns at the next Therapeutics Committee meeting. The Board agreed. Mr. Musial asked about the formulary for the new MCO, Wellpoint, coming on board in January. He requested that the Board receive a copy in advance of their presentation for review. Dr. Wernert requested that their formulary be incorporated into the MCO formulary grid format, or if not possible, at least a copy of the existing grid be sent at the same time as the proposed formulary. In light of the lack of a quorum, it was inquired again as to whether the meetings would be able to be changed to bi-monthly or quarterly. Mr. Shirley stated it was state statue, and any suggested changes would have to go through the legislature. He said that OMPP was willing to change the day or time of the meeting in order to accommodate them if it would be helpful. He also encouraged any members who would not be able to attend a meeting to let him know in advance.

MEETING ADJOURNED.

ATTACHMENT 4.4 DUR BOARD NEWSLETTERS

October 2005, November 2005, Februrary 2006, June 2006 AND September 2006

October 2005 Newsletter



October 2005

Volume 8 Issue 4

Inside this Issue

Indiana Medicaid DUR Board
Room W382
Indiana State Gvmt Center, South
402 West Washington Street
Indianapolis, Indiana 46204

Indiana Medicaid Drug Utilization Review Board Newsletter

Pharmacological Treatments For Secondary Hyperparathyroidism In Patients With Chronic Kidney Disease

Patients with chronic kidney disease have altered metabolism of calcium and phosphorus, which results in hyperphosphatemia and hypocalcemia. To correct these imbalances, the level of parathyroid hormone increases. Chronically elevated parathyroid hormone stimulates osteoclasts, which mobilize calcium from bones into blood. The results are decreased bone strength, increased risk of fracture, and increased vascular and soft tissue calcifications. Based on the recommendations from the Kidney Disease Outcomes Quality Initiative (K/DOQI)[1], serum levels of calcium, phosphorus and parathyroid hormone should be evaluated and treated in the early stage of the chronic kidney disease (see table 1). The treatment of secondary hyperparathyroidism in patients with chronic kidney disease has improved markedly in recent years. The pharmacological options include: phosphate binders, vitamin D therapies, and calcimimetics.

Phosphate Binders

In patients with chronic kidney disease, hyperphosphatemia is developed due to decreased renal elimination of phosphorus. Elevated phosphorus triggers parathyroid hormone secretion. Calcium serves as a binding agent for phosphorus. Administration of calcium with each meal reduces the absorption of phosphorus. Commonly used calcium-based phosphate binders are calcium acetate (PhosLo®) or calcium carbonate. Calcium acetate is more efficient than other calcium products. The goal of therapy is a serum phosphate concentration less than 6 mg/dl. The usual dosage is 3-4 tablets or gelcaps with each meal. Since hypercalcemia may develop with high doses, calcium levels should be monitored[2]. When parathyroid hormone reaches a level that is 2 to 3 times normal in patients with end-stage renal disease, there is a tendency to development hypercalcemia. When this occurs, calcium-based phosphate binders cannot be used. Other phosphate binders that do not increase calcium levels are required to control hyperphosphatemia. Aluminum-based phosphate binders (e.g., Amphojel) were commonly used before the resin-based phosphate binder (e.g. Renagel) became available. Sevelamer (Renagel®) binds with phosphate without increasing calcium absorption. The phosphate lowering effects of sevelamer were comparable to calcium acetate or aluminum phosphate binders. It is an alternative to calcium salts in hyperphosphatemic patients who also have high calcium levels. In addition, sevelamer has beneficial cholesterol-lowering effects, which may be useful in patients with renal disease and coexisting diabetes or atherosclerotic disease. The dose of sevelamer is 800 to 1600mg three times a day with meals. The common adverse events are gastrointestinal related, such as constipation and diarrhea[3]. Lanthanum carbonate (Fosrenol®) is a non-aluminum, non-calcium

ATTACHMENT 4.4 --continued—

phosphate-binding agent approved by FDA in 2004. The dose is 250 to 500 mg PO three times daily with meals and may be titrated to an acceptable serum phosphate level. The most commonly reported adverse events are nausea/vomiting, abdominal pain[4].

Vitamin D Therapy

Vitamin D ingested by diet or synthesized in the skin is transformed in the kidney to an active form of vitamin D. This form of active vitamin D increases intestinal absorption of calcium and helps regulate parathyroid hormone. The decreased production of active vitamin D in patients with chronic kidney disease often leads to hypocalcemia, which leads to increased secretion of parathyroid hormone. Supplementation with active vitamin D may correct this metabolic imbalance. Oral calcitriol (Rocaltrol®) can be administered as a capsule or solution from 0.25mcg every other day to 2mcg every day. The dose of injectable calcitriol (Calcijex®) ranges from 1mcg to 2mcg three times a week. The optimal dose must be carefully determined for each patient. The most common side effects are hypercalcemia and hyperphosphatemia[5]. Paricalcitol (Zemplar®) is another synthetic vitamin D analog. Paricalcitol has a lower incidence of hypercalcemia and hyperphosphatemia than calcitriol. Intravenous paricalcitol is indicated for patients requiring dialysis. Oral paricalcitol, which was recently approved by the FDA, is indicated for patients with moderate to severe reduction in glomerular filtration rate (GFR < 59ml/min to GFR>15ml/min). The dose of paricalcitol should be adjusted based on calcium, phosphate and parathyroid hormone concentrations[6].

Calcimimetics

The only calcimimetic currently available is cinacalcet (Sensipar™), which was approved by FDA in March 2004. Cinacalcet increases the sensitivity of the calcium-sensing receptor on the surface of the chief cell in the parathyroid gland. This calcium-sensing receptor is thought to be the principal regulator of parathyroid hormone secretion. Cinacalcet, mimicking calcium, binds to the receptor and increases its sensitivity to extracellular calcium. In response, the release of parathyroid hormone is inhibited and parathyroid hormone level is decreased. The reduction in parathyroid hormone is associated with a concomitant decrease in serum calcium levels. Cinacalcet is indicated for the treatment of secondary hyperparathyroidism in patients with chronic kidney disease on dialysis and hypercalcemia in patients with parathyroid carcinoma. The starting dose of cinacalcet in chronic kidney disease is 30mg once daily and may be titrated up to 180mg once daily for secondary hyperparathyroidism. Higher doses are required for the treatment of parathyroid carcinoma. It is important to monitor serum calcium levels frequently during the titration. The seizure threshold may be lowered due to significant reduction in serum calcium, particularly in patients with a history of a seizure disorder. Cinacalcet can be used alone or in combination with vitamin D sterols and/or phosphate binders. In addition to hypocalcemia, other common side effects are nausea and vomiting[6].

The symptoms of hyperparathyroidism in patients with chronic kidney disease may not be clear or noticeable. However, if it is not treated, the consequences are bone loss and soft tissue calcification. In the early stage of hyperparathyroidism, calcium salts can supplement the deficiency of calcium and decrease phosphorus level. Vitamin D therapies also promote the absorption of calcium and lower phosphorus and parathyroid hormone. As the chronic kidney disease progresses, other options that do not increase calcium levels may be needed to suppress parathyroid hormone. Cinacalcet has a unique mechanism of action and is an ideal agent to help patients achieve the goal levels of parathyroid hormone, calcium and phosphorus recommended by K/DOQI. However, its effects on long term mortality and morbidity has not been determined.

References:

1. K/DOQI Clinical Practice Guidelines for Bone Metabolism and Disease in Chronic Kidney Disease. http://www.kidney.org/professionals/kdoqi/guidelines_bone/index.htm accessed August 2005
2. Calcium acetate drug monograph. Clinical Pharmacology 2005
3. Renagel prescribing information. Genzyme Corp., Cambridge MA http://www.renagel.com/docs/renagel_pi.pdf accessed August 2005
4. Fosrenol prescribing information. Shire Pharmaceuticals, Wayne PA http://www.fosrenol.com/prescribingInfo.pdf accessed August 2005
5. Calcitriol drug monograph. Clinical Pharmacology 2005
6. Zemplar prescribing information. Abbott Laboratory, Chicago IL http://www.rxabbott.com/pdf/Zemplarcappi.pdf accessed August 2004
7. Sensipar prescribing information. Amgen Inc., Thousand Oaks CA http://www.sensipar.com/downloads/prescribingInfo.pdf accessed August 2005

Program Assistance

All prior authorization requests or questions regarding the PDL should be directed to the ACS Clinical Call Center at 1-866-879-0106.

PDL Listing

The fee-for-service PDL listing may be found at the following website:
http://www.indianapbm.com/

ATTACHMENT 4.4 --continued—

Table 1 The National Kidney Foundation Kidney Disease Outcomes Quality Initiative (NKF-K/DOQI™) guidelines for the treatment of bone metabolism and disease in chronic kidney disease (goals for key laboratory measurements)

Laboratory measurements	K/DOQI goal
Parathyroid hormone	150 – 300/pg/ml
Calcium and Phosphorus product (Ca x P)	< 55mg^2/dl^2
Calcium	8.4 – 9.5 mg/dl
Phosphorus	3.5 – 5.5 mg/dl

Top 25 Drugs 2nd Quarter 2005 By Total Amount Paid

Drug	Total Paid	Total Claims
Zyprexa	$9,878,748	28,604
Risperdal	$8,380,882	37,446
Seroquel	$6,496,067	29,238
Abilify	$4,312,585	13,101
Depakote	$4,229,221	30,494
Lipitor	$4,036,436	43,469
Zoloft	$3,306,489	34,344
Novoseven	$3,035,607	21
Plavix	$3,028,532	24,529
Protonix	$2,851,122	25,071
Topamax	$2,678,049	12,021
Gabapentin	$2,610,787	27,326
Zocor	$2,432,166	18,617
Fentanyl	$2,253,101	14,249
Lexapro	$2,239,890	31,168
Aricept	$2,202,788	16,507
Effexor	$2,143,157	16,702
Advair	$2,063,899	13,778
Geodon	$2,022,162	7,695
Oxycontin	$1,969,103	8,262
Advate	$1,950,546	71
Lamictal	$1,835,409	8,152
Trileptal	$1,601,664	9,579
Singulair	$1,563,215	18,098
Norvasc	$1,557,209	26,429

Top 25 Drugs 2nd Quarter 2005 Ranked by Claims Paid

Drug	Total Claims	Total Paid
Hydrocodone/APAP	97,545	$726,827
Furosemide	60,356	$312,776
Lipitor	43,469	$4,036,436
Albuterol	42,817	$411,998
Lisinopril	41,944	$319,809
Ranitidine	38,270	$478,630
Risperdal	37,446	$8,380,882
Aspirin	36,019	$25,096
Alprazolam	34,544	$216,611
Zoloft	34,344	$3,306,489
Levothyroxine	32,966	$362,929
Lexapro	31,168	$2,239,890
Loratadine	30,703	$397,027
Depakote	30,494	$4,229,221
Potassium	30,238	$401,668
Seroquel	29,238	$6,496,067
Docusate	28,878	$62,726
Zyprexa	28,604	$9,878,748
Gabapentin	27,326	$2,610,787
Norvasc	26,429	$1,557,209
Propoxyphene N/APAP	26,094	$155,136
Protonix	25,071	$2,851,122
Amoxicillin	24,868	$210,342
Metformin	24,714	$342,354
Toprol	24,599	$864,294

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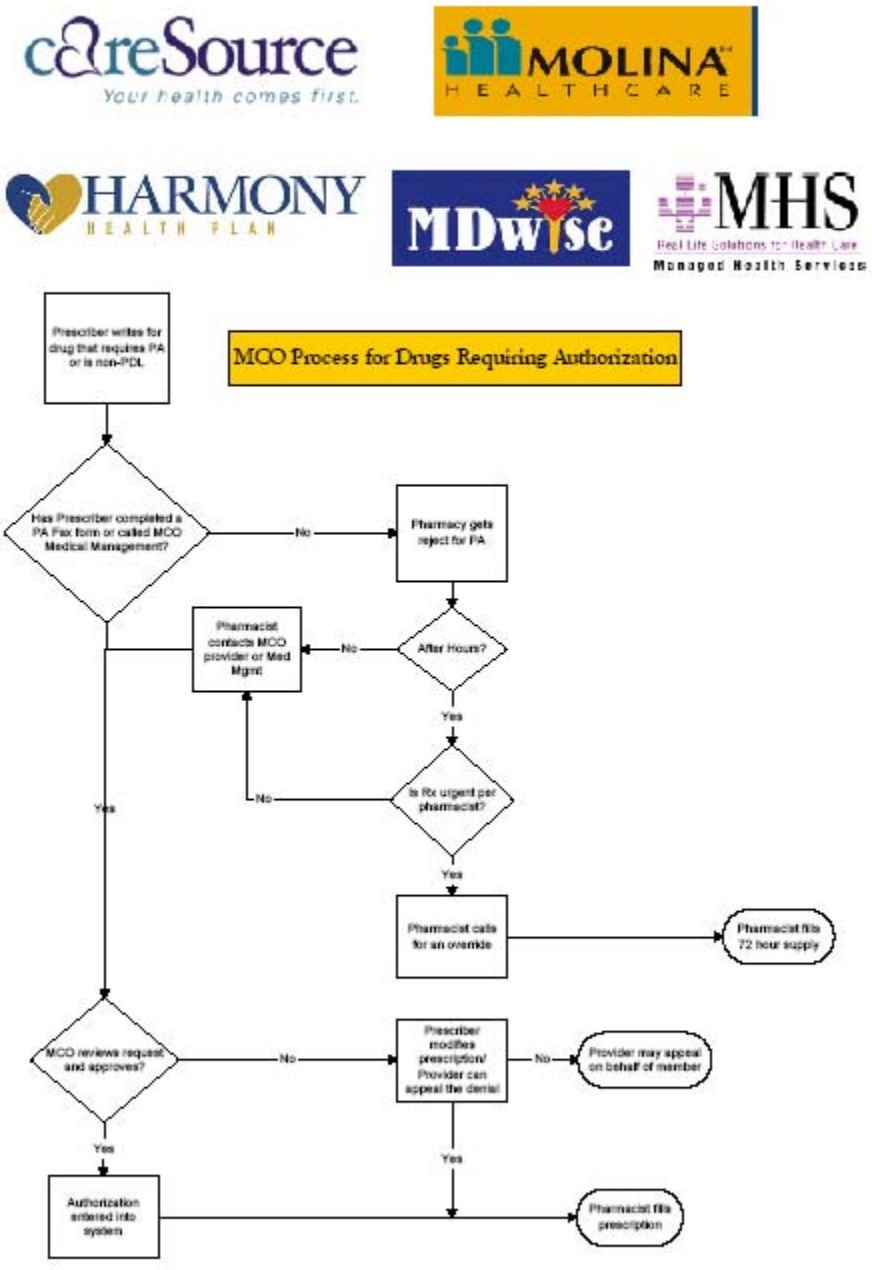
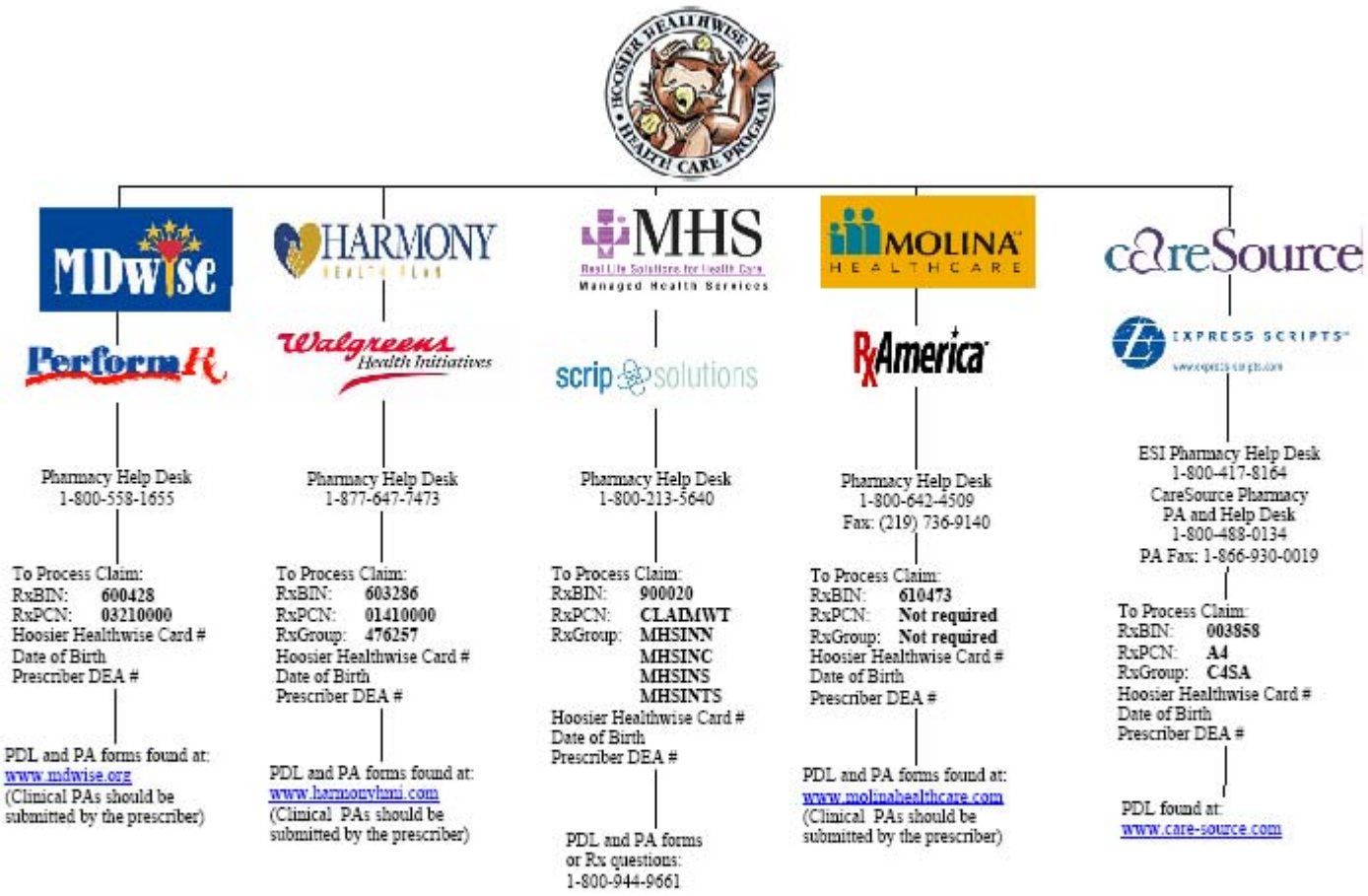
ATTACHMENT 4.4 --continued—



ATTACHMENT 4.4 --continued—



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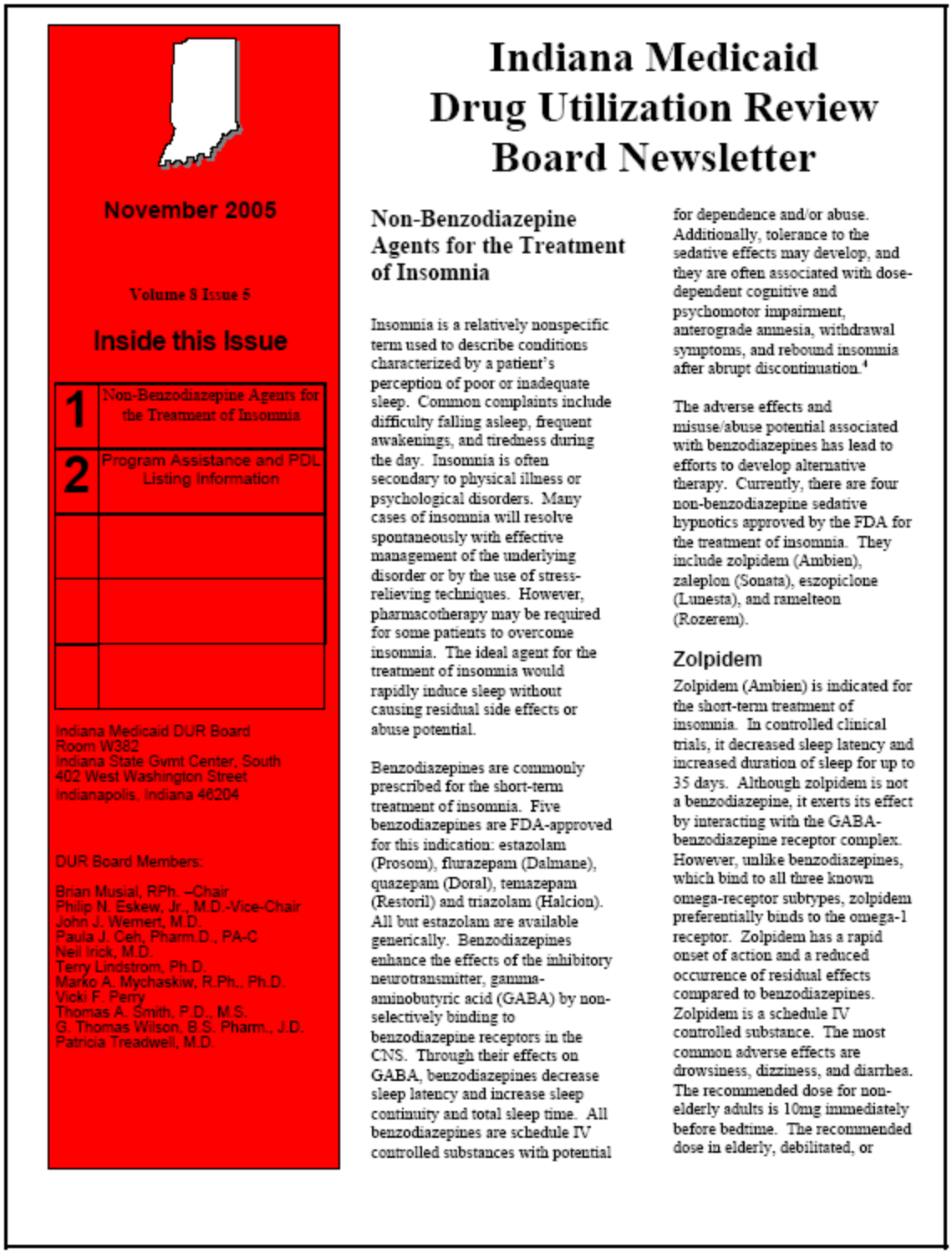
November 2005 DUR Board Newsletter



November 2005

Volume 8 Issue 5

Inside this Issue

Indiana Medicaid DUR Board
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G. Thomas Wilson, B.S. Pharm., J.D.
Patricia Treadwell, M.D.

Indiana Medicaid Drug Utilization Review Board Newsletter

Non-Benzodiazepine Agents for the Treatment of Insomnia

Insomnia is a relatively nonspecific term used to describe conditions characterized by a patient's perception of poor or inadequate sleep. Common complaints include difficulty falling asleep, frequent awakenings, and tiredness during the day. Insomnia is often secondary to physical illness or psychological disorders. Many cases of insomnia will resolve spontaneously with effective management of the underlying disorder or by the use of stress-relieving techniques. However, pharmacotherapy may be required for some patients to overcome insomnia. The ideal agent for the treatment of insomnia would rapidly induce sleep without causing residual side effects or abuse potential.

Benzodiazepines are commonly prescribed for the short-term treatment of insomnia. Five benzodiazepines are FDA-approved for this indication: estazolam (Prosom), flurazepam (Dalmane), quazepam (Doral), temazepam (Restoril) and triazolam (Halcion). All but estazolam are available generically. Benzodiazepines enhance the effects of the inhibitory neurotransmitter, gamma-aminobutyric acid (GABA) by non-selectively binding to benzodiazepine receptors in the CNS. Through their effects on GABA, benzodiazepines decrease sleep latency and increase sleep continuity and total sleep time. All benzodiazepines are schedule IV controlled substances with potential for dependence and/or abuse. Additionally, tolerance to the sedative effects may develop, and they are often associated with dose-dependent cognitive and psychomotor impairment, anterograde amnesia, withdrawal symptoms, and rebound insomnia after abrupt discontinuation.[4]

The adverse effects and misuse/abuse potential associated with benzodiazepines has lead to efforts to develop alternative therapy. Currently, there are four non-benzodiazepine sedative hypnotics approved by the FDA for the treatment of insomnia. They include zolpidem (Ambien), zaleplon (Sonata), eszopiclone (Lunesta), and ramelteon (Rozerem).

Zolpidem

Zolpidem (Ambien) is indicated for the short-term treatment of insomnia. In controlled clinical trials, it decreased sleep latency and increased duration of sleep for up to 35 days. Although zolpidem is not a benzodiazepine, it exerts its effect by interacting with the GABA-benzodiazepine receptor complex. However, unlike benzodiazepines, which bind to all three known omega-receptor subtypes, zolpidem preferentially binds to the omega-1 receptor. Zolpidem has a rapid onset of action and a reduced occurrence of residual effects compared to benzodiazepines. Zolpidem is a schedule IV controlled substance. The most common adverse effects are drowsiness, dizziness, and diarrhea. The recommended dose for non-elderly adults is 10mg immediately before bedtime. The recommended dose in elderly, debilitated, or

ATTACHMENT 4.4 --continued—

hepatically impaired patients is 5mg. Therapy should generally be restricted to 7-10 days. Extended-release zolpidem (Ambien CR) received final approval on September 2, 2005.[4-6]

Zaleplon

Zaleplon (Sonata) is indicated for the short-term treatment of insomnia. In controlled clinical trials, it decreased sleep latency for up to 30 days. It has not been shown to increase total sleep time or decrease the number of awakenings. No development of tolerance to zaleplon's effect on sleep latency was observed during a four-week study. Zaleplon is an agonist at the omega-1 receptors on the GABA-benzodiazepine receptor complex. Zaleplon has a rapid onset of action and may be taken immediately before retiring or after having gone to bed and experiencing difficulty falling asleep. Zaleplon is the only sedative-hypnotic that can be taken after attempting to fall asleep. In large clinical trials, zaleplon exhibited a dose-dependent risk of next-day memory impairment. Data suggest that rebound insomnia the first night after treatment discontinuation may be dose-dependent as well. The most common adverse effects are headache, dizziness, nausea, and somnolence. Zaleplon is a schedule IV controlled substance. The recommended dose for non-elderly adults is 10mg immediately before bedtime or after having gone to bed and experiencing difficulty falling asleep. The recommended dose in elderly, debilitated, or hepatically impaired patients is 5mg. Therapy should generally be restricted to 7-10 days. Zaleplon is the agent of choice when a patient has fewer than eight hours to sleep.

Eszopiclone

Eszopiclone (Lunesta) is indicated for the treatment of insomnia. In controlled outpatient and sleep laboratory studies, eszopiclone decreased sleep latency and improved sleep maintenance. No development of tolerance was observed over six months. The eszopiclone labeling allows for the chronic treatment of insomnia, and it is the first agent to be approved for sleep maintenance. Eszopiclone is believed to interact with GABA-receptor complexes at binding sites close to or coupled with the benzodiazepine receptors. Eszopiclone has a rapid onset of action and two primary metabolites with little or no activity at therapeutic doses. The longer half-life of this product most likely contributes to the mild residual effects of impaired memory and confusion. Rebound insomnia occurred during clinical trials on the first night after treatment discontinuation. The most common adverse effects with eszopiclone are unpleasant taste, headache, somnolence, dizziness, and dry mouth. Eszopiclone is a schedule IV controlled substance. The recommended dose for most non-elderly adults is 2mg immediately before bedtime. The dose may be increased to or initiated at 3mg if clinically necessary, since the 3mg dose is more effective for sleep maintenance. In elderly patients whose primary complaint is difficulty falling asleep, patients with severe hepatic impairment, and patients receiving concurrent therapy with potent CYP3A4 inhibitors (e.g., ketoconazole, itraconazole, clarithromycin, nefazodone, ritonavir), the recommended starting dose is 1mg. If clinically indicated, the dose may be increased to 2 mg. In elderly patients whose primary complaint is difficulty staying asleep, the recommended dose is 2mg.

Ramelteon

Ramelteon (Rozerem) is indicated for the treatment of insomnia where there is difficulty in falling asleep. In clinical studies, ramelteon reduced the length of time to persistent sleep compared to placebo. The FDA-approval allows for long-term use in adults. Ramelteon is the first prescription sleep medication that is not a controlled substance. It is also the first in a new class of agents termed melatonin-receptor agonists. Three subtypes of melatonin receptors have been identified: MT1, MT2 and MT3. The MT1 receptor is believed to regulate sleep. The MT2 receptor is thought to help the body shift between day and night. The importance of the MT3 receptor is not well defined. Ramelteon selectively targets the MT1 and MT2 receptors with greater affinity and selectivity than melatonin, resulting in a better ability to induce sleep. Ramelteon undergoes extensive first-pass metabolism. The major metabolite, M-II, has approximately one-tenth and one-fifth the binding affinity of the parent molecule for the MT1 and MT2 receptors, respectively. There was evidence of mild next-day residual effects during a 35-night, placebo-controlled study in adults with chronic insomnia. At week 1, the ramelteon 8mg group indicated more fatigue. At week 3, the ramelteon 8mg group had a lower mean score for immediate recall, and also at week 3, all ramelteon-treated patients indicated more sluggishness. At week 5 there were no differences from placebo in next-day residual effects. The abuse potential for ramelteon was equivalent to placebo at doses up to 20 times the recommended dose. The most common adverse effects seen with ramelteon during clinical trials were somnolence, dizziness and fatigue. The recommended dose of ramelteon is 8mg taken within 30 minutes of going to bed. Ramelteon should not be used in patients with severe liver impairment. The product is expected to be available in US pharmacies in late September 2005.

Conclusion

The non-benzodiazepine sedative-hypnotics offer unique advantages. Zolpidem has proven efficacy whether the patient's major complaint is with falling asleep, staying asleep, or waking too early.

ATTACHMENT 4.4 --continued—

Zaleplon offers treatment for patients who have unsuccessfully tried to fall asleep and for patients who need to be awake and alert on less than a full night's sleep. Eszopiclone can be used in the treatment of chronic insomnia. However, all of these agents are schedule IV controlled substances and have residual effects and rebound insomnia. Ramelteon is not a controlled substance and can be used chronically. However, ramelteon is indicated only for patients who have difficulty falling asleep. There are other agents being investigated for the treatment of insomnia. With each new agent developed, the management of insomnia comes closer to the ideal.

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Program Assistance

All prior authorization requests or questions regarding the PDL should be directed to the ACS Clinical Call Center at 1-866-879-0106.

PDL Listing

The fee-for-service PDL listing may be found at the following website:
http://www.indianapbm.com/

Prior Authorization

Requests for Prior Authorization (PA) may be initiated by calling ACS at 866-879-0106 between the hours of 8AM to 8PM. All PA requests (with the exception of Early Refill) must be initiated by the Prescriber's office. Early Refill requests may be initiated by the patient's pharmacy. Many PA requests can be handled over the phone, but in some instances a faxed request may be required. Copies of the PA forms may be obtained by calling the above number, or by downloading a copy of the form at www.indianapbm.com under the "Forms" section.

In instances where a PA cannot be immediately obtained, a pharmacist may dispense up to a 96-hour supply of a covered outpatient drug. All emergency claims should be processed with the Level of Service = 03 (Emergency Indicator) and the actual "days supply" being dispensed up to but not exceeding "4".

ATTACHMENT 4.4 --continued—

February 2006 DUR Board Newsletter

February 2006

Volume 9 Issue 1

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Indiana Medicaid DUR Board
Room W382
Indiana State Gvmt Center, South
402 West Washington Street
Indianapolis, Indiana 46204

Indiana Medicaid Drug Utilization Review Board Newsletter

Over Utilization of Short-Acting Beta Agonists and Under Utilization of Inhaled Corticosteroids among Asthma Patients

NAEPP Guideline

Asthma is a common disease characterized by inflammation of the airways and reversible obstruction to airflow. The annual economic burden of asthma is estimated to be 18 billion dollars based on the 2002 Morbidity and Mortality Weekly Report of CDC. While the disease has significant impact on the health care system and patients' quality of life, there are also effective interventions to improve its treatment outcome and decrease the need for acute care. The National Asthma Education and Prevention Project (NAEPP) has established the guidelines to emphasize the importance of proper pharmacological interventions[1] (see Table 1). One of the key points in the guideline is the adequate utilization of inhaled corticosteroids. It is clear in current studies that inhaled corticosteroids in adequate amounts prevent asthma symptoms and improve overall lung function. The guideline also suggests minimizing regular use of short-acting inhaled beta agonists. For example, using a short-acting beta agonist every day, or approximately one canister a month even if not used every day, indicates inadequate control of asthma and the need to initiate or intensify long-term control therapy.

Current Practice Pattern

Although present guidelines represent standards of care to achieve optimal outcomes, in reality, theses guidelines are not always followed. Based on the analysis by Piecoro for Kentucky Medicaid, less than 10% of the patients who received daily inhaled short-acting beta agonists were regular users of inhaled corticosteroids. The absence of inhaled corticosteroid therapy was associated with an increased risk of hospitalization due to asthma[2]. In the Maryland Medicaid program, approximately one third of the children with asthma were not being treated in accordance with current treatment guideline[3]. Among elderly Tennessee Medicaid recipients with moderate to severe asthma, only 25% received inhaled corticosteroids[4]. Even in the Nurses' Health study, only 32% to 57% of the retired nurses adhered to the asthma guideline[5]. Nonadherence to the guideline is a common practice pattern among asthma care providers and patients, especially the tendency of over utilization of short-acting beta agonists and under utilization of inhaled corticosteroids.

Problems and Solutions with Over Utilization Of Short-Acting Beta Agonists and Under Utilization Of Inhaled Corticosteroids

There are several reasons causing these practice patterns. Some health care providers may hesitate to prescribe inhaled corticosteroids

ATTACHMENT 4.4 --continued—

because of concerns about the safety of inhaled corticosteroids especially in young children or the elderly. Many health care providers may be confident with prescribing inhaled corticosteroids but never detect the pattern of over utilization of short-acting beta agonists in some patients who need medication modification because of multiple prescribers or poly-pharmacy. On the patients' side, many patients have developed a belief that inhaled corticosteroids are not needed during asymptomatic periods, because they can feel the benefit of short-acting beta agonists but not inhaled corticosteroids. In addition, many patients simply do not have the appropriate technique to use different types of inhalation devices, which results in insufficient delivery of medication.

Many studies have been conducted to address the safety concern of inhaled corticosteroids. Current literature supports that inhaled corticosteroids do not have the clinically important adverse effects on bone mineral density, cortisol production and glucose metabolism caused by equivalently effective doses of oral glucocorticoids like prednisone. They are relatively safe within recommended doses.

To address patients' concern with asthma medication, education is critical. It is important for patients to understand that asthma is a chronic disease, like hypertension or diabetes, which requires maintenance treatment to prevent symptom flares. Limiting therapy to only symptomatic control of acute exacerbations may worsen the disease progression.

Improper technique with inhalation devices also contributes to unsatisfactory outcomes. Many new inhalation delivery systems that appeared on the market in recent years (especially with inhaled corticosteroids) may require different techniques. Again, patient education is critical. Providing instruction of inhaler technique by health care providers is imperative to insure that patients receive adequate amount of the medication.

For patients who receive health care from multiple physicians and pharmacies, the Drug Utilization Review program can help the prescribers to realize the pattern of over utilization of short-acting beta agonists. By analyzing pharmacy claim database, we can screen patients with high number of prescriptions for short-acting beta agonists and inform health care providers about their utilization pattern. The ultimate goal is to encourage reevaluation of patients and their current asthma medications and establish an appropriate asthma treatment regimen.

Conclusion:

Although abundant medical evidence has demonstrated that proper pharmacological interventions improve long-term outcome of asthma, there are obstacles in implementing these interventions. However, by understanding the safety profile of pharmacological treatments, improving patient education, and proper utilization of the DUR programs, optimal outcomes in asthma management can be achieved.

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ATTACHMENT 4.4 --continued—

Appendix 1

Table 1: Stepwise Approach for Long-Term Asthma Pharmacotherapy[1]	
Severity Class	**Medications Required To Maintain Long-Term Control**
Step 4 Severe Persistent	Preferred Treatment: High dose inhaled corticosteroid AND long-acting beta$_2$-agonist AND, if needed,
	Systemic corticosteroid long-term
Step 3 Moderate Persistent	Preferred Treatment: Low-to-medium dose inhaled corticosteroid and long-acting beta$_2$-agonist OR medium dose inhaled corticosteroids (may add long-acting beta agonists for patients with recurring severe exacerbations)
	Alternative Treatment: Low-to-medium dose inhaled corticosteroid and either leukotriene modifier or theophylline
Step 2 Mild Persistent	Preferred Treatment: Low dose inhaled corticosteroid
	Alternative Treatment: Cromolyn, leukotriene modifier, nedocromil, OR sustained- release theophylline
Step 1 Mild Intermittent	No daily medication needed
	(A course of systemic corticosteroids is recommended for severe exacerbations)

Quick Relief (for all patients)[1]:

- Short-acting bronchodilator: 2–4 puffs short-acting inhaled beta agonists as needed for symptoms.
- Intensity of treatment will depend on severity of exacerbation; up to 3 treatments at 20-minute intervals or a single nebulizer treatment as needed. Course of systemic corticosteroids may be needed.
- Use of short-acting beta$_2$-agonists >2 times a week in intermittent asthma (daily, or increasing use in persistent asthma) may indicate the need to initiate (increase) long-term-control therapy.

Program Assistance

All prior authorization requests or questions regarding the PDL should be directed to the ACS Clinical Call Center at 1-866-879-0106.

PDL Listing

The fee-for-service PDL listing may be found at the following website:
http://www.indianapbm.com/

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ATTACHMENT 4.4 --continued—

February 2006

Top 25 Drugs 4th Quarter 2005 By Total Amount Paid

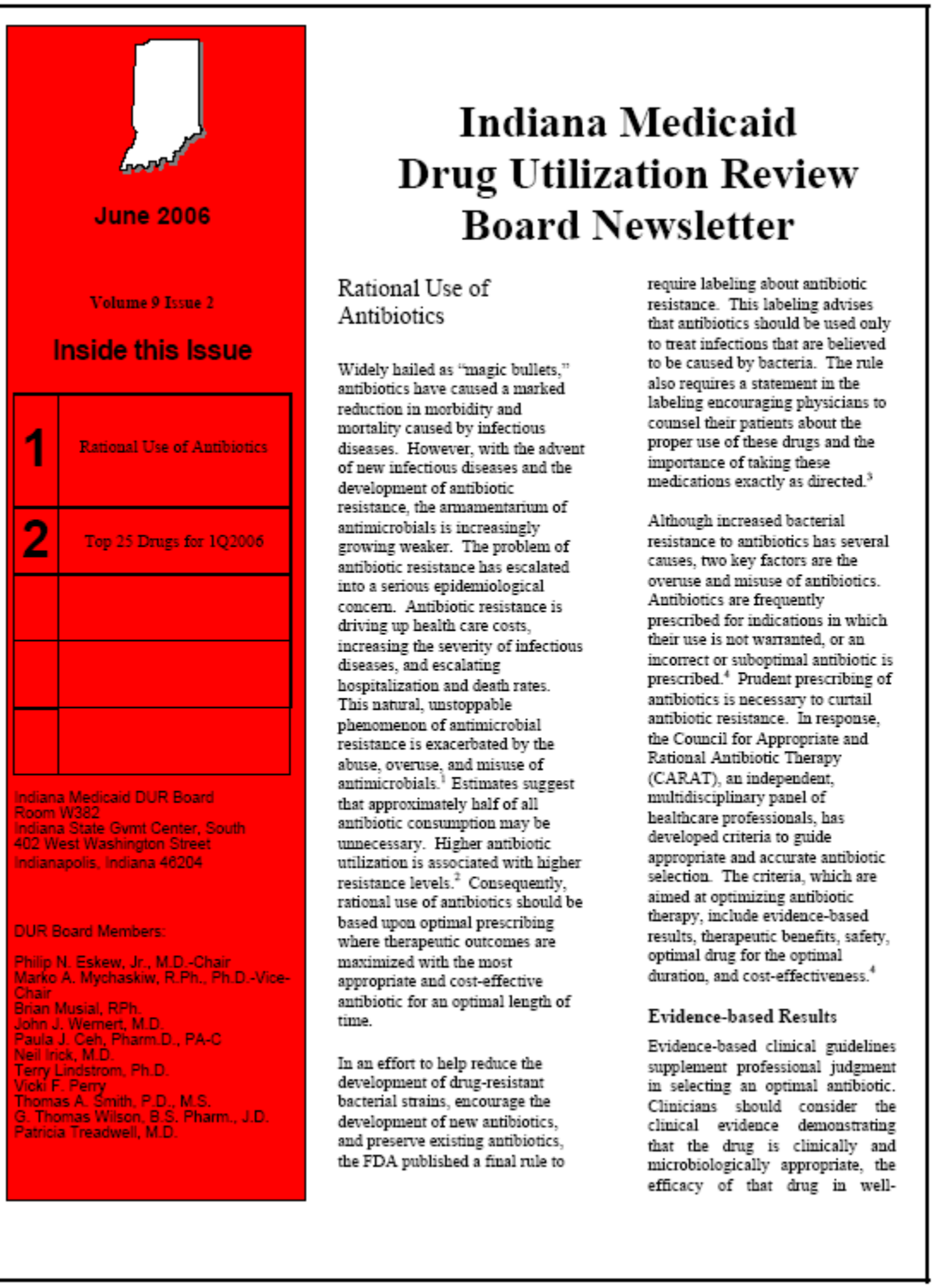
Drug	Total Paid	Total Claims
Zyprexa	$9,479,313	27,120
Risperdal	$8,185,981	35,232
Seroquel	$6,337,859	29,015
Abilify	$4,369,264	12,971
Depakote	$4,074,940	30,229
Lipitor	$3,972,561	44,009
Plavix	$3,026,159	25,065
Zoloft	$2,960,299	31,365
Protonix	$2,910,207	24,756
Topamax	$2,558,719	11,532
Zocor	$2,464,938	18,561
Fentanyl	$2,368,527	14,960
Aricept	$2,240,163	17,064
Advair	$2,116,784	13,448
Lexapro	$2,116,695	29,556
Gabapentin	$2,112,442	27,266
Geodon	$2,020,574	7,808
Effexor	$2,000,511	15,951
Oxycodone	$1,902,884	16,275
Lamictal	$1,856,047	8,210
Nexium	$1,554,494	10,293
Norvasc	$1,525,725	26,461
Ambien	$1,490,885	17,428
Trileptal	$1,467,323	8,771
Actos	$1,437,030	10,089

Top 25 Drugs 4th Quarter 2005 Ranked by Claims Paid

Drug	Total Claims	Total Paid
Hydrocodone/APAP	88,359	$702,442
Furosemide	58,830	$294,086
Lipitor	44,009	$3,972,561
Lisinopril	42,890	$327,364
Albuterol	38,329	$372,380
Aspirin	37,422	$25,840
Levothyroxine	36,191	$401,652
Risperdal	35,232	$8,185,981
Ranitidine	34,437	$332,990
Docusate	32,761	$68,199
Alprazolam	31,715	$199,149
Zoloft	31,365	$2,960,299
Potassium	30,850	$431,918
Depakote	30,229	$4,074,940
Lexapro	29,556	$2,116,695
Seroquel	29,015	$6,337,859
Gabapentin	27,266	$2,112,442
Zyprexa	27,120	$9,479,313
Loratadine	26,865	$339,533
Norvasc	26,461	$1,525,725
Toprol	25,664	$890,686
Plavix	25,065	$3,026,159
Metformin	25,041	$333,859
Protonix	24,756	$2,910,207
Propoxyphene N/APAP	23,179	$141,991

ATTACHMENT 4.4 --continued—

June 2006 DUR Board Newsletter



June 2006

Volume 9 Issue 2

Inside this Issue

Indiana Medicaid DUR Board
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Indiana State Gvmt Center, South
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Indianapolis, Indiana 46204

Indiana Medicaid Drug Utilization Review Board Newsletter

Rational Use of Antibiotics

Widely hailed as "magic bullets," antibiotics have caused a marked reduction in morbidity and mortality caused by infectious diseases. However, with the advent of new infectious diseases and the development of antibiotic resistance, the armamentarium of antimicrobials is increasingly growing weaker. The problem of antibiotic resistance has escalated into a serious epidemiological concern. Antibiotic resistance is driving up health care costs, increasing the severity of infectious diseases, and escalating hospitalization and death rates. This natural, unstoppable phenomenon of antimicrobial resistance is exacerbated by the abuse, overuse, and misuse of antimicrobials.[1] Estimates suggest that approximately half of all antibiotic consumption may be unnecessary. Higher antibiotic utilization is associated with higher resistance levels.[2] Consequently, rational use of antibiotics should be based upon optimal prescribing where therapeutic outcomes are maximized with the most appropriate and cost-effective antibiotic for an optimal length of time.

In an effort to help reduce the development of drug-resistant bacterial strains, encourage the development of new antibiotics, and preserve existing antibiotics, the FDA published a final rule to require labeling about antibiotic resistance. This labeling advises that antibiotics should be used only to treat infections that are believed to be caused by bacteria. The rule also requires a statement in the labeling encouraging physicians to counsel their patients about the proper use of these drugs and the importance of taking these medications exactly as directed.[3]

Although increased bacterial resistance to antibiotics has several causes, two key factors are the overuse and misuse of antibiotics. Antibiotics are frequently prescribed for indications in which their use is not warranted, or an incorrect or suboptimal antibiotic is prescribed.[4] Prudent prescribing of antibiotics is necessary to curtail antibiotic resistance. In response, the Council for Appropriate and Rational Antibiotic Therapy (CARAT), an independent, multidisciplinary panel of healthcare professionals, has developed criteria to guide appropriate and accurate antibiotic selection. The criteria, which are aimed at optimizing antibiotic therapy, include evidence-based results, therapeutic benefits, safety, optimal drug for the optimal duration, and cost-effectiveness.[4]

Evidence-based Results

Evidence-based clinical guidelines supplement professional judgment in selecting an optimal antibiotic. Clinicians should consider the clinical evidence demonstrating that the drug is clinically and microbiologically appropriate, the efficacy of that drug in well-

ATTACHMENT 4.4 --continued—

designed clinical trials, and the antibiotic resistance patterns of the local region. Well-conducted, randomized, controlled clinical trials provide the highest quality information for making decisions.[4] In addition, the sample population should be adequate to draw an unbiased and clinically sound conclusion without compromising the validity of the research.

Therapeutic Benefits

Therapeutic benefits are based on proper diagnosis, evaluation of drug therapy, and achieving optimal therapeutic outcomes. Proper diagnosis can be achieved by diagnostic procedures that may help to ensure that antimicrobials are prescribed only when needed. Many antimicrobials are prescribed unnecessarily because prescribers are unsure of the diagnosis.[2] Recent studies undertaken by WHO indicate that for every 100 respiratory infections, only 20% require antibiotic treatment. This means that 80% of patients are treated with unnecessary medications thereby increasing the likelihood of developing antibiotic resistance.[1] Evaluation of drug therapy would entail assessing the therapeutic benefit of the medication relative to the status of the patient's infection. Clinicians may also weigh the benefit of drug therapy versus the absence of a pharmacologic agent.[4] Finally, achieving optimal therapeutic outcomes should be intended to maximize health outcomes and quality of life and to minimize adverse events and cost.

Safety

The safety and efficacy profile of a medication should be considered when prescribing an antibiotic. Clinically applicable treatment strategies should be chosen to maximize efficacy and minimize side effects. Although antibiotics are generally considered safe and well tolerated, they have been associated with a wide range of adverse effects.[4] Interestingly, the safety profile of a newer agent may not be well established in comparison with those that have been in use for many years. In a study of the period between 1975 and 2000, 548 new chemical entities were approved for use in the United States; 45 of these (8.2%) acquired new black-box warnings and 16 (2.9%) were withdrawn from the market. Therefore, clinicians should keep abreast of new information and clinical developments especially post-marketing surveillance.[4]

Optimal Drug for Optimal Duration

When prescribing an antibiotic, clinicians should select the most optimal drug to treat a particular infection. An optimal drug must be of sufficient duration to result in bacterial eradication, relief of symptoms, and prevention of the emergence of resistant organisms. The following must be considered in selecting an optimal antibiotic: patient signs and symptoms, medical history, allergies, results of diagnostic testing (if available), type of bacteria, and regional resistance patterns.[4] Success of treatment may be dependent on the patient taking the medication at the correct intervals and for an adequate duration.

Cost-Effectiveness

Cost-effective therapy achieves the best therapeutic outcomes with minimal overall cost. Clinicians should be aware of generic availability and drugs on the preferred drug list. These drugs may provide the best choices based upon safety, effectiveness, and cost. Choosing inappropriate therapy is associated with increased costs, including the cost of the antibiotic and increases in overall costs of medical care because of treatment failures and adverse events.[4] Unnecessary and excessive use of medicines wastes resources and results in significant harm to patients through poor health outcomes and adverse drug reactions. Efficient and effective use of healthcare resources can minimize overall medical costs, provide affordable care, and improve quality of life.

Summary

Antibiotic resistance is a serious public health concern. Institution of the 5 CARAT criteria will optimize safe and well-tolerated treatment regimens, curb unnecessary prescribing of antibiotics, decrease treatment costs, and increase adherence.[4] Rational use of antibiotics and the effective use of these existing tools will help in conquering this battle against antimicrobial resistance.

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ATTACHMENT 4.4 --continued—

Top 25 Drugs 1st Quarter 2006 By Total Amount Paid

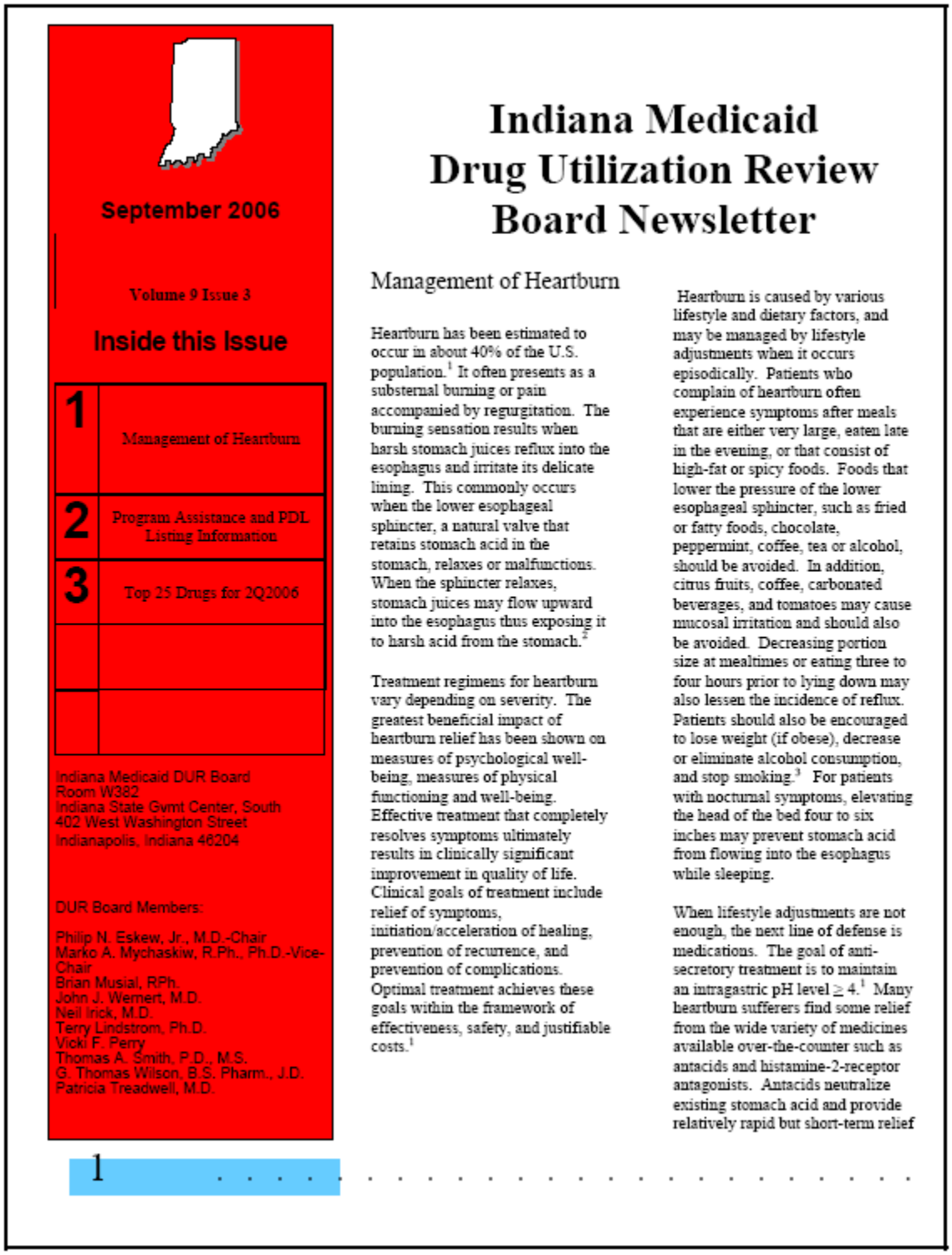
Drug	Total Paid	Total Claims
Risperdal	$3,408,966	14,363
Zyprexa	$3,147,729	8,143
Seroquel	$2,951,656	12,234
Antihemophilic Factor	$2,721,911	99
Novoseven	$2,511,330	10
Abilify	$2,429,557	7,388
Depakote	$1,658,882	12,162
Topamax	$1,395,755	6,037
Lipitor	$1,164,892	12,142
Zoloft	$1,146,521	12,152
Lamictal	$1,065,123	4,687
Geodon	$975,119	3,783
Fentanyl	$965,226	3,640
Protonix	$833,771	7,250
Trileptal	$833,413	4,811
Advair	$808,572	5,116
Oxycodone	$798,305	4,809
Zocor	$758,476	5,462
Effexor	$743,449	5,859
Plavix	$731,867	5,798
Amphetamine salts	$729,370	8,472
Methylphenidate	$722,862	9,219
Bupropion	$703,006	7,651
Lexapro	$663,762	9,140
Nexium	$582,302	3,837

Top 25 Drugs 1st Quarter 2006 Ranked by Claims Paid

Drug	Total Claims	Total Paid
Hydrocodone/APAP	43,427	$341,571
Aspirin	40,562	$27,245
Docusate	38,476	$84,099
Acetaminophen	34,293	$94,659
Alprazolam	31,732	$348,988
Calcium/Vit D	29,913	$92,624
Loratadine	23,544	$286,895
Multivitamins	21,835	$26,799
Lorazepam	20,788	$121,644
Clonazepam	20,332	$112,086
Prilosec OTC	16,311	$437,798
Risperdal	14,363	$3,408,966
Ferrous Sulfate	13,308	$14,065
Levothyroxine	12,462	$137,534
Amoxicillin	12,330	$93,338
Seroquel	12,234	$2,951,656
Depakote	12,162	$1,658,883
Zoloft	12,152	$1,146,521
Lipitor	12,142	$1,164,892
Furosemide	12,028	$49,179
Diazepam	11,862	$224,633
Lisinopril	11,315	$78,590
Albuterol	10,573	$78,502
Ranitidine	10,390	$236,992
Potassium	9,578	$128,008

ATTACHMENT 4.4 --continued—

September 2006 DUR Board Newsletter



September 2006

Volume 9 Issue 3

Inside this Issue

Indiana Medicaid DUR Board
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Indiana Medicaid Drug Utilization Review Board Newsletter

Management of Heartburn

Heartburn has been estimated to occur in about 40% of the U.S. population.[1] It often presents as a substernal burning or pain accompanied by regurgitation. The burning sensation results when harsh stomach juices reflux into the esophagus and irritate its delicate lining. This commonly occurs when the lower esophageal sphincter, a natural valve that retains stomach acid in the stomach, relaxes or malfunctions. When the sphincter relaxes, stomach juices may flow upward into the esophagus thus exposing it to harsh acid from the stomach.[2]

Treatment regimens for heartburn vary depending on severity. The greatest beneficial impact of heartburn relief has been shown on measures of psychological well-being, measures of physical functioning and well-being. Effective treatment that completely resolves symptoms ultimately results in clinically significant improvement in quality of life. Clinical goals of treatment include relief of symptoms, initiation/acceleration of healing, prevention of recurrence, and prevention of complications. Optimal treatment achieves these goals within the framework of effectiveness, safety, and justifiable costs.[1]

Heartburn is caused by various lifestyle and dietary factors, and may be managed by lifestyle adjustments when it occurs episodically. Patients who complain of heartburn often experience symptoms after meals that are either very large, eaten late in the evening, or that consist of high-fat or spicy foods. Foods that lower the pressure of the lower esophageal sphincter, such as fried or fatty foods, chocolate, peppermint, coffee, tea or alcohol, should be avoided. In addition, citrus fruits, coffee, carbonated beverages, and tomatoes may cause mucosal irritation and should also be avoided. Decreasing portion size at mealtimes or eating three to four hours prior to lying down may also lessen the incidence of reflux. Patients should also be encouraged to lose weight (if obese), decrease or eliminate alcohol consumption, and stop smoking.[3] For patients with nocturnal symptoms, elevating the head of the bed four to six inches may prevent stomach acid from flowing into the esophagus while sleeping.

When lifestyle adjustments are not enough, the next line of defense is medications. The goal of anti-secretory treatment is to maintain an intragastric pH level ≥ 4.[1] Many heartburn sufferers find some relief from the wide variety of medicines available over-the-counter such as antacids and histamine-2-receptor antagonists. Antacids neutralize existing stomach acid and provide relatively rapid but short-term relief

ATTACHMENT 4.4 --continued—

of heartburn symptoms. Since only existing acid is neutralized, the use of antacids is limited to relief of symptoms rather than prevention of acid secretion. Antacids have a short duration of action and, therefore, must be administered several times a day. Adverse reactions to antacids are generally limited to gastrointestinal disturbances. Magnesium salts often cause diarrhea due to their osmotic effect whereas both calcium and aluminum containing antacids have been reported to cause constipation. Antacids may interact with many drugs, altering their rate or extent of absorption by increasing gastric pH, adsorbing or binding drugs, or increasing urinary pH. Consequently, antacids should be given two hours before or after the administration of other medications to avoid interaction.[3]

H_2-receptor antagonists competitively and reversibly inhibit histamine at H_2-receptors located on the gastric parietal cell, resulting in reduced gastric acid secretion. Although, the H_2-receptor antagonists are relatively benign drugs, adverse effects have been reported, including headache, dizziness, fatigue, diarrhea, thrombocytopenia, and rash.[3] Drug interactions may also be of concern if metabolism of the H_2-antagonist is dependent upon cytochrome P-450. Examples of H_2-receptor antagonists include cimetidine, famotidine, nizatidine, and ranitidine. All agents are available both over-the-counter and with a prescription.

When clinical outcomes have not been achieved with antacids and H_2-antagonists, treatment with proton pump inhibitors is often required to prevent further complications. The proton pump actively secretes hydrogen ions in exchange for potassium ions, causing a subsequent decrease in pH. Proton pump inhibitors (PPIs) bind irreversibly and non-competitively to the H^+/K^+-adenosine triphosphatase (ATPase) pump, thereby inhibiting acid secretion.[3] All PPIs have a similar mechanism of action but differ somewhat in how they bind to sites adjacent to the cysteine residues on the proton pumps.[4] The most common side effects reported with PPIs in clinical trials included nausea, diarrhea, constipation, abdominal pain, headache, and dizziness.[3] Examples of proton pump inhibitors include esomeprazole, omeprazole, pantoprozole, lansoprazole, and rabeprazole. Currently, only omeprazole is available without a prescription.

Patients who do not experience relief through lifestyle modifications and/or medication, or patients who require continuous medication, may need a more complete diagnostic evaluation[2] to determine the appropriate course of treatment. Ultimately, it is the prescriber's responsibility to select the most cost-effective drug therapy that will result in the most favorable clinical outcomes and greatest patient satisfaction.[3] With proper treatment or use of non-pharmacological measures, most heartburn sufferers can effectively treat and relieve their heartburn symptoms.

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4. Pham CQD, Sadowski-Hayes LM, Regal RE. Prevalent prescribing of proton pump inhibitors: prudent or pernicious?. *P&T*. 2006;31(3):159-167.

Program Assistance

All prior authorization requests or questions regarding the PDL should be directed to the ACS Clinical Call Center at 1-866-879-0106.

PDL Listing

The fee-for-service PDL listing may be found at the following website:
http://www.indianapbm.com/

ATTACHMENT 4.4 --continued—

Top 25 Drugs 2nd Quarter 2006 By Total Amount Paid		
Drug	Total Paid	Total Claims
Risperdal	$3,425,372	13,631
Antihemophilic Factor	$3,108,205	110
Zyprexa	$3,029,317	7,223
Seroquel	$2,954,961	11,739
Abilify	$2,595,201	7,323
Depakote	$1,631,358	11,505
Topamax	$1,372,319	5,834
Novoseven	$1,170,133	9
Lipitor	$1,147,419	11,430
Zoloft	$1,111,657	11,580
Lamictal	$1,100,733	4,792
Fentanyl	$1,011,996	3,709
Geodon	$965,791	3,663
Trileptal	$825,076	4,626
Protonix	$805,520	6,725
Advair	$784,821	4,829
Oxycodone	$757,305	4,820
Zocor	$750,082	5,309
Effexor	$732,529	5,508
Amphetamine salts	$728,599	7,781
Bupropion	$715,361	7,392
Plavix	$697,923	5,491
Methylphenidate	$687,364	8,441
Lexapro	$675,848	8,522
Nexium	$587,582	3,904

Top 25 Drugs 2nd Quarter 2006 Ranked by Claims Paid		
Drug	Total Claims	Total Paid
Hydrocodone/APAP	42,109	$331,527
Aspirin	39,140	$27,386
Docusate	37,040	$85,289
Acetaminophen	31,903	$87,803
Calcium/Vit D	30,728	$96,418
Alprazolam	30,281	$317,136
Multivitamins	24,933	$32,281
Loratadine	24,725	$307,963
Lorazepam	20,337	$122,059
Clonazepam	19,939	$112,266
Prilosec OTC	16,268	$443,094
Albuterol	16,173	$160,030
Risperdal	13,631	$3,425,372
Ferrous Sulfate	13,097	$13,868
Levothyroxine	11,967	$133,353
Seroquel	11,739	$2,954,961
Diazepam	11,626	$216,956
Furosemide	11,589	$47,640
Zoloft	11,580	$1,111,657
Depakote	11,505	$1,631,358
Lipitor	11,430	$1,147,419
Lisinopril	10,915	$76,699
Ranitidine	9,543	$228,215
Multivitamins with Minerals	9,198	$13,060
Potassium	8,978	$120,765

3

ATTACHMENT 5. POLICIES ON USE OF THERAPEUTICALLY EQUIVALENT GENERIC DRUGS

Indiana statute mandates substitution of a generically equivalent drug for a prescribed brand name drug, unless the prescribing practitioner properly indicates "Brand Medically Necessary" on the prescription and obtains prior authorization.

For your reference, copies of the Indiana generic substitution law, Indiana Administrative Code and Indiana Provider Bulletins on generic substitution (if any) are provided in Attachments 5.2 and 5.3.

ATTACHMENT 5.1 Generic Utilization

Indiana Medicaid has one of the most rigorous State MAC programs in existence, ensuring that whenever possible therapeutically equivalent generic drugs are used in place of more expensive brand name alternatives.

Analysis of Indiana Medicaid paid claims during the **FFY 2006 date of service period** covered by this Annual Report, revealed the following:

Generic dispensing rate ("GDR", defined as the percentage of generic prescriptions dispensed as compared to the total number of prescriptions dispensed). GDR was **63%** for FFY 2006 (versus 58.1% in FFY 2005 and 55.5% in FFY 2004). The generic dispensing rate after Medicare D implementation for calendar year 2006 was **67.75%.**

Generic substitution rate ("GSR" was defined as the percentage of generic prescriptions dispensed as compared to the total number of prescriptions where generic substitution is possible.[1] From this number we extracted incidences where brand was preferred on the PDL)[2]. GSR was 93.4% in FFY 2005 vs 89.1% in FFY 2004. The GSR was **90%** in calendar year 2004. The GSR after Medicare D implementation for calendar year 2006 was estimated to be **99.82%** based upon claims for the month of December 2006.

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1 The methodology for determination of GSR varies by state as generic substitution laws vary. Indiana is an "Orange Book" State. Pharmacy Benefit Managers do not necessarily use the same criteria in the determination of GSR.

2 The GSR, as calculated above, excludes all of the known program exceptions with regard to mandatory generic substitution.

These exceptions include:

- Narrow Therapeutic Index Drugs – Coumadin™, Dilantin™, Premarin™, Provera™, Synthroid™, and Tegretol™. The prescriber must still write "Brand Medically Necessary" on the face of the prescription.
- Brand name drugs dispensed where a generic is available related to mental health and cross-indicated drugs. The prescriber must still write "Brand Medically Necessary" on the face of the prescription.
- Non-A rated generics
- Known PDL exeptions such as Duragesic™, Flonase™, Oxycontin™, and Ditropan XL™
- Brand name generics such as "Amoxil™".

Comparative Generic Utilization Rates

The *National Association of Chain Drug Stores* announced on 2/8/2007 that the use of generic medications among U.S. residents with private health insurance increased to **52.6%** in CY 2006 from 48.4% in 2005 (Treftz, *Wall Street Journal*, 2/8/07) representing a growth rate of 9%.

In addition, as shown in the chart below, CMS announced that in the 3rd quarter 2006 generic medications accounted for **61%** of prescriptions filled (GDR) for Medicare beneficiaries demonstrating that the Medicare Part D program is delivering savings well above the national average to beneficiaries and the government alike.[3]

CMS Medicare D Program Type	QUARTER 1 GDR*	QUARTER 2 GDR*	QUARTER 3 GDR*
Medicare Advantage-PD and Prescription Drug Plan Combined	58.6%	58.9%	61.0%
Prescription Drug Plan Aggregate	55.9%	56.9%	59.2%
Medicare Advantage-PD Aggregate	66.3%	65.7%	67.6%

*** GDR = Generic Dispensing Rate**

Conclusion: Indiana Medicaid's Generic Rates

Indiana Medicaid's generic utilization rates exceed those found in programs administered by commercial insurers, Medicare D programs and by most other state Medicaid programs. Indiana Medicaid is performing exceptionally well with regard to both GDR and GSR and it is the firm intent of the Indiana Medicaid program to ensure that these numbers are maintained or increased. This will be accomplished via vigorous and ongoing State MAC processes and procedures.

3 CMS Performance Data:
http://www.cms.hhs.gov/PrescriptionDrugCovGenIn/06_PerformanceData.asp#TopOfPage

ATTACHMENT 5.2 GENERIC SUBSTITUTION LAW

Indiana Code 16-42-22 Drugs: Generic Drugs*

*Presented in its entirety for reference.

16-42-22-1 "Brand name" defined

Sec. 1. As used in this chapter, "brand name" means the proprietary or trade name selected by the drug manufacturer and placed upon a drug or the drug's container, label, or wrappings at the time of packaging. *As added by P.L.2-1993, SEC.25.*

16-42-22-3 "Customer" defined

Sec. 3. As used in this chapter, "customer" means the individual for whom a prescription is written or the individual's representative. *As added by P.L.2-1993, SEC.25.*

16-42-22-4 "Generically equivalent drug product" defined

Sec. 4. (a) As used in this chapter, "generically equivalent drug product" means a drug product"

- that contains an identical quantity of active ingredients in the identical dosage forms (but not necessarily containing the same inactive ingredients) that meet the identical physical and chemical standards in The United States Pharmacopoeia (USP) described in IC 16-4-19-2, or its supplements, as the prescribed brand name drug; and
- if applicable, for which the manufacturer or distributor holds either an approved new drug application or an approved abbreviated new drug application unless other approval by law or of the federal Food and Drug Administration is required.
  - A drug does not constitute a generically equivalent drug product if it is listed by the federal Food and Drug Administration on July 1, 1987, as having actual or potential bioequivalence problems.

As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, SEC 4.

16-42-22-4.5 "Practitioner" defined

Sec. 4.5. As used in this chapter, "practitioner" means any of the following:

- A licensed physician.
- A dentist licensed to practice dentistry in Indiana
- An optometrist who is licensed to practice optometry in Indiana; and
- An advanced practice nurse licensed and granted the authority to prescribe legend drugs under IC 25-33.

As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, Sec.5.

16-42-22-5 "Substitute" defined

Sec. 5. As used in this chapter, "substitute" means to dispense a generically equivalent drug product in place of the brand name drug product prescribed by the practitioner. *As added by P.L.2-1993, SEC.25.*

ATTACHMENT 5.2 -- continued -- Generic Substitution Law

16-42-22-5.5 Authorization to substitute only generically equivalent drug products

Sec. 5.5. Nothing in this chapter authorizes any substitution other than substitution of a generically equivalent drug product. *As added by P.L.2-1993, SEC.6.*

16-42-22-6 Prescription forms

Sec. 6. Each written prescription issued by a practitioner must have two(2) signature lines printed at the bottom of the prescription form, one (1) of which must be signed by the practitioner for the prescription to be valid. Under the blank line on the left side of the form must be printed the words "Dispense as written". Under the blank line of the left side of the form must be printed the words "May substitute". *As added by P.L.2-1993, SEC.25.*

16-42-22-8 Substitution of generically equivalent drug products in non-Medicaid or Medicare prescription

Sec. 8. For substitution to occur for a prescription other than a prescription filled under the traditional Medicaid program (42 U.S.C. 1396 et seq.) or the Medicare program (42 U.S.C 1395 et seq.), the practitioner must sign on the line under which the words "May substitute" appear, and the pharmacist must inform the customer of substitution. This section does not authorize any substitution other than the substitution of a generically equivalent drug product. *As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, Sec.7.*

16-42-22-9 Transcription of practitioner's oral instructions to pharmacist

Sec. 9. If the practitioner communicates instructions to the pharmacist orally, the pharmacist shall indicate the instructions in the pharmacist's own handwriting on the written copy of the prescription order. *As added by P.L.2-1993, SEC.25.*

16-42-22-10 "Brand Medically Necessary" Traditional Medicaid or Medicare prescriptions

Sec. 10. (a) If a prescription is filled under the traditional Medicaid program (42 U.S.C. 1396 et seq.) or the Medicare program (42 U.S.C 1395 et seq.), the pharmacist shall substitute a generically equivalent drug product and inform the customer of the substitution if the substitution would result in a lower price unless:

- the words "Brand Medically Necessary" are written in the practitioner's own writing on the form; or
- the practitioner has indicated that the pharmacist may not substitute a generically equivalent drug product by orally stating that a substitution is not permitted.
    - If a practitioner orally states that a generically equivalent drug product may not be substituted, the practitioner must subsequently forward to the pharmacist a written prescription with the "Brand Medically Necessary" instruction appropriately indicated in the physician's own handwriting.
    - This section does not authorize any substitution other than substitution of a generically equivalent drug product.

As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, Sec.8.

ATTACHMENT 5.2 -- continued -- Generic Substitution Law

16-42-22-11 Substitution of generic drugs; identification of brand name drug

Sec. 11. If under this section a pharmacist substitutes a generically equivalent drug product for a brand name drug product prescribed by a practitioner, the prescription container label must identify the brand name drug for which the substitution is made and the generic drug. The identification required under this subsection must take the form of the following statement on the drug container label, with the generic name and the brand name inserted on the blank lines: "_____ Generic for _____". *As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, Sec.1.*

16-42-22-12 Identification of manufacturer or distributor of dispensed drug product on prescription

Sec. 12. The pharmacist shall record on the prescription the name of the manufacturer or distributor, or both, of the actual drug product dispensed under this chapter. *As added by P.L.2-1993, SEC.25.*

ATTACHMENT 5.3 ADMINISTRATIVE CODE 405 IAC 5-24-8

Medicaid rule *405 IAC 5-24-8, Prior Authorization; brand name drugs*

405 IAC 5-24-8 Prior authorization: brand name drugs
Authority: IC 12-8-6-5: IC 12-15-1-10: IC 12-15-21-2

Affected; IC 12-13-7-3: IC 12-15

Sec. 8. a) Prior authorization is required for a brand name drug that:

(1) Is subject to generic substitution under Indiana Law; and
(2) The prescriber has indicated is "Brand Medically Necessary" either orally or in writing on the prescription or drug order.

b) In order for prior authorization to be granted for a brand name drug in such instances, the prescriber must:

(1) Indicate on the prescription or drug order, in the prescriber's own handwriting, the phrase "Brand Medically Necessary"; and
(2) Seek prior authorization by substantiating the medical necessity of the brand name drug as opposed to the less costly generic equivalent.

The prior authorization number assigned to the approved request must be included on the prescription or drug order issued by the prescriber or relayed to the dispensing pharmacist by the prescriber if the prescription is orally transmitted. The office may exempt specific drugs or classes of drugs from the prior authorization requirement, based on cost or therapeutic considerations. Prior authorization will be determined in accordance with the provisions of 405 IC 5-3 and 42 U.S.C. 1206r-8(d)(5). (*Office of the Secretary of Family and Social Services; 405 IAC 5-24-8; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3346: filed Sep 27, 1999, 8:55 a.m.: 23IR 319)*

Attachment 6

DUR Program Evaluations:
Savings Analyses
Of
Indiana Medicaid
ProDUR & RetroDUR Programs

Prepared for:

State of Indiana
Office of Medicaid Policy and Planning

October 1, 2005 – September 30, 2006

Draft Prepared by: Michelle Laster-Bradley, Ph.D., M.S., R.Ph

ACS Government Healthcare Solutions, PBM Group

ACS Government Healthcare Solutions©

By:
State of Indiana Office of Medicaid Policy and Planning

Approved by:
The State of Indiana Drug Utilization Review (DUR) Board

Executive Summary: Drug Use Review (DUR) Analyses

DUR serves a vital monitoring purpose. Prospective DUR (ProDUR) and Retrospective DUR (RetroDUR) each serve a unique purpose in alerting practitioners and pharmacists with specific, focused and comprehensive drug information available from no other source. If practitioners and pharmacists use DUR as intended, then notification of a potential drug therapy problem will lead to appropriate action taken in response to a ProDUR alert or RetroDUR intervention. Appropriate actions include discontinuing unnecessary prescriptions, reducing quantities of medications prescribed, switching to safer drug therapies, or even adding a therapy recommended in published (evidence-based) guidelines from an expert panel.

Timely DUR warnings along with practitioners' and pharmacists' appropriate actions can prevent adverse effects, overprescribing and misprescribing which lead to complications, hospitalizations, and other additional treatment (which ultimately increases costs). Recipients avoid complications and harm, and Medicaid programs are spared needless expense.

In sum, both ProDUR and RetroDUR programs serve crucial functions. If DUR is widely and properly used by State Medicaid programs, their contractors and Medicaid providers, then State Medicaid DUR programs are successful in providing an added margin of safety for its recipients and avoiding unnecessary medical, hospital, and prescription drug expenses.

The state of Indiana governing bodies and OMPP have always been interested in the impact that the programs implemented have upon quality of care as well as upon pharmacy and medical costs. The DUR programs utilized by the State have saved money by encouraging quality, medically necessary and appropriate drug therapy in order to reduce total healthcare expenditures.

Estimated prescription drug savings resulting from ProDUR and RetroDUR programs for the Federal Fiscal Year (FFY) 2006 are shown in Table II. Drug savings estimates from DUR programs are measured by the actual claims before and after interventions. The total estimated net drug savings (or costs avoided) over the FFY 2006 for ProDUR and RetroDUR programs for Indiana Medicaid are **$ 20.1 million.**

Table II. Indiana DUR Program Impact Evaluation: Estimated Drug Savings

Estimated Total Costs Avoided [4] or Savings Per Year		State Program Costs Per Year	Net Savings for FFY 2006 and Return On Investment (ROI) for ProDUR & RetroDUR only
ProDUR	**$ 28.04 million**	$8,000,000*	Program Net Savings **$20.1 million** **For each $1 spent, the state saved $3.51 or 251%** [5]
RetroDUR	**$ 59,201**		
GRAND TOTAL SAVINGS from ProDUR & RetroDUR	**$ 28.1 million**		

4 Reported "costs avoided" dollar amounts are state and federal combined, and does not include rebates.
5 All ACS and EDS services* paid for themselves plus obtained a large return on investment.

* NOTE: The $8M reflects the entire cost of the contract that includes far more than DUR. Contract activities included at some point during FFY2006, but were not limited to: POS claims processing, paper claims processing, rebate management, cost containment initiatives, audit services, provider relations, T-Committee / DUR Board support, PDL administration, rebates, 24-hour help desk support, website development and maintenance, reporting and analysis, IBM, RetroDUR, and clinical program analysis & expertise. Therefore, the cost of running the entire Medicaid pharmacy program through ACS State Healthcare Solutions and Electronic Data Systems (EDS) pays for itself with an estimated return on investment of over 100% each year.

Outcomes Measurement: CMS Philosophy on Evaluation of DUR Programs

Title XIX SSA § 1927(g)(3)(D); 42 CFR Part 456.709, 456.712[a,b]

The Centers for Medicare and Medicaid Services (CMS), (formerly known as HCFA), requires each state Medicaid Drug Utilization Review (DUR) Program submit an annual report. The CMS annual report serves as a measurement tool to assess how well states have implemented DUR programs and the effect DUR has had on patient safety, practitioner prescribing habits and dollars saved by avoidance of drug therapy problems. As part of the annual report, each state is to estimate the savings attributable to prospective and retrospective DUR, and to report the costs of DUR program operations.

In 1994, the CMS contracted a panel of advisors with extensive experience in both DUR and program evaluation studies to develop the "*Guidelines for Estimating the Impact of Medicaid DUR.*"[6] The guidelines were developed because the CMS recognized the difficulty in producing legitimate estimates of savings associated with DUR programs with an acceptable level of rigor given very real operational and resource limitations. **Studies must be rigorous enough to be confident that the results are attributable to DUR activities.**

In explaining why the Guidelines were developed, the expert panel of authors state: *"Attributing changes in prescribing and patient outcomes to DUR is a complex process...While rigorous studies are preferred in principle, they often [are not feasible].*

"*Applying the concepts embodied in these guidelines has the potential to do more than just help states fulfill their obligations for the annual report required by Federal law.*" *[The guidelines can]"provide states with approaches that will help them analyze and improve DUR operations."*[7] Additionally, the CMS thought that if comparable estimation procedures were followed among the state Medicaid agencies, then information can be shared and compared, permitting states to learn from one another's experiences.

6 Zimmerman, T. Collins, E. Lipowski, D. Kreling, J. Wiederholt. "Guidelines for Estimating the Impact of Medicaid DUR." Contract #500-93-0032. United States Department of Health and Human Services, Health Care Financing Administration: Medicaid Bureau. August 1994

7 CMS *Guidelines for Estimating the Impact of Medicaid DUR* 1994, p. 1

Guidelines for Measuring ProDUR Outcomes

According to the CMS Guidelines, it is not acceptable to limit the DUR savings results to global estimates of savings in the drug budget or overall Medicaid expenditures. ProDUR savings estimates should specifically track results relative to individual cases affected by ProDUR alerts.[8] One cannot sum dollar amounts associated with all denials and/or reversals and claim these are the total ProDUR cost savings either. The reason is: One cannot assume that **all** denials of prescriptions through on-line ProDUR edits results in changes in drug use and expenditures. If the claim is filled with a substitute medication or is delayed by several days in filling, states should track the net effects upon expenditures. Likewise, one must use caution in estimating the costs avoided from "reversal" of claims and only measure costs avoided from true reversals that stay reversed. Tracking and calculating costs associated with pharmacists' actions resulting from ProDUR edit alerts have always been difficult at best. Comparison group designs are normally recommended; however, with on-line ProDUR, comparison populations who are not receiving an alert are not possible.

ProDUR Outcomes: State of Indiana

A detailed evaluation of the effectiveness of Indiana Medicaid's ProDUR program in terms of estimated savings (costs avoided) resulting from the ProDUR edits is shown in Attachment 6.1.

Costs avoided as a result of Indiana Medicaid **ProDUR edits were estimated to be $28.04 million for FFY 2006**[9]. The conclusion can be made that ProDUR is working and saved the State money.

The establishment of "hard alerts"—that is, ProDUR alerts that require a prior authorization—and the establishment of reasonable quantity limits, are additional methods that also ensure that program savings are being maximized and that alerted claims are medically necessary, reasonable, and appropriate.

Clearly, a benefit is gained by all (the State, the provider community, and the beneficiary population served) through the State Medicaid's online ProDUR program. OMPP will continually monitor and work to improve the ProDUR system.

8 CMS *Guidelines for Estimating the Impact of Medicaid DUR* 1994, p. 4

9 Savings are both state and federal dollars combined, and does not include rebates.

ATTACHMENT 6.1 ProDUR SAVINGS SUMMARY

DUR Screen	Amount Paid (Total)	Rx Count for Paid Rxs	Average Amount Pd Per Rx	# Cancellation & NonResponse (or # DENIED)	Amount Would Have Paid for Denied Claims (ProDUR Savings)
Drug-Drug Interaction (DD) Total	$236,318,162	3,898,792	$60.61	7,280	$441,263.91
Early Refill Alert (ER) Total	$399,647,951	7,174,844	$55.70	411,874	$22,941,906.50
High Dose Alert (HD) Total	$362,519,276	6,948,877	$52.17	9,539	$497,644.64
Low Dose Alert (LD) Total	$350,192,970	6,626,041	$52.85	59,149	$3,126,084.49
Late Refill Alert (LR) Total	$299,214,180	4,908,750	$60.96	6,430	$391,942.38
Drug-Disease Contraindication (MC) Total	$300,909,072	5,245,867	$57.36	93,858	$5,383,804.75
Drug-Age [Pediatric Alert] (PA) Total	$102,647,265	2,798,638	$36.68	3,084	$113,113.65
Drug-Gender [Pregnancy Alert] (PG) Total	$150,435,854	4,109,930	$36.60	196	$7,174.19
Therapeutic Duplication Total	$331,650,965	6,382,955	$51.96	73,982	$3,844,019.22
Grand Total	**$2,533,535,695**	**48,094,694**	**$52.68**	**665,392**	**$35,051,567**

If all Cancellations and 20% Non-Responses Paid, then ProDUR Savings = $28,041,253.50

NOTE: Reversals were not tracked for this report because a reversal can be, and is often, re-submitted and then paid under a new prescription. Tracking which reversals eventually ended up in payments or denialswas followed by the final claim's paid amount, or by a cancellation or non-response.

Guidelines for Measuring RetroDUR Savings

RetroDUR Impact Analysis Methodology

The state of Indiana and ACS ensured that a CMS-compliant claims tracking methodology was used to evaluate the results of the RetroDUR program. The evaluation study used identifies changes in drug therapy patterns following the intervention and measures the monetary impact of these changes.

The 1994 CMS "Guidelines for Estimating the Impact of Medicaid DUR" was used to develop the methodology for measuring the impact of the Retrospective DUR program. Simply stated, the preferred and recommended method of the 1994 CMS guidelines is a scientifically sound methodology that involves comparison of all recipients who received interventions (intervention group) with those who did not receive interventions (comparison group). This preferred comparison group method has the most validity and accuracy of any other method (Zimmerman, T. Collins, E. Lipowski, D. Kreling, J. Wiederholt. "Guidelines for Estimating the Impact of Medicaid DUR." (Contract #500-93-0032, United States Department of Health and Human Services, Health Care Financing Administration: Medicaid Bureau, August 1994).

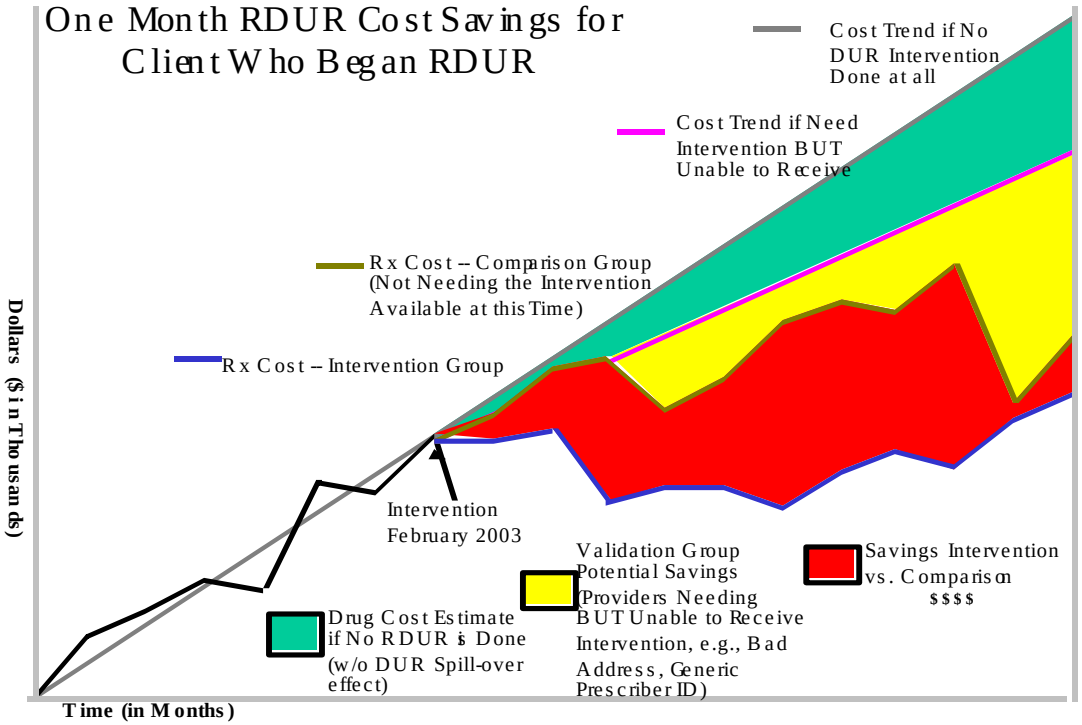
The intervention population, a subset of beneficiaries, includes all recipients who were screened and confirmed as having inappropriate drug therapies and who were then intervened upon during the analysis period. Interventions included sending an Alert Letter and patient profile to every prescriber involved in the drug therapy problem(s) in addition to answering questions on the 800-DUR hotline. It is possible to track the cost impact upon recipients upon whom we intervene (called 'cases'). Reports can be generated for cost savings and number of prescriptions saved per patient case or per recipient (if a recipient has more than one case).

To confirm the validity of our methodology, initially two comparison groups were evaluated along with an intervention group for cost savings. One comparison group, called the conservative comparison group, was an equal subset of patients who were taking medication involved in the alert, but needed no intervention. The second comparison group, used for validation, was patients who needed an intervention but no intervention was possible. The largest reason was that the prescriber couldn't be identified; for example, the prescriber's correct address couldn't be found or the pharmacy used an invalid or generic prescriber number in filing the claim. The following graph illustrates a very conservative estimate of cost savings obtained using our selected comparison group. The graph also illustrates how the validation group's costs continue to rise when they needed a letter more so than the comparison groups' costs.

Overall Procedures

ACS' outcomes measures of therapy improvements and cost savings are not dependent upon receiving prescriber responses about the letters, since what practitioners *say* is not an accurate measure of actual behavior. Instead, actions are measured from claims data to determine what prescribing patterns have actually changed as a result of educational interventions. Drug savings estimates from RetroDUR are measured by the claims 180-days before and after interventions.

Figure 2.



To analyze recipients' drug use, we followed the 1994 CMS "Guidelines for Estimating the Impact of Medicaid DUR." We compared the cost of all prescription drugs for each recipient before and after physicians received Alert letters, phone calls or face-to-face visits. By following CMS's guidelines, our analysis measured "the substitution effect." That is, prescribers may substitute another drug in the same therapeutic class in place of the drug about which the Alert letter was sent. Therefore, our analysis also included the cost of other drugs in the same therapeutic class. We calculated each period's costs using the exact quantities of each drug dispensed and the claims costs (defined as: reimbursement formula specified in the plan).

Cases were analyzed using 180 days of claims data before and after the alert letter/intervention month. The number of prescriptions and cost of drug therapy were then compared for the pre- and post-intervention periods. To evaluate the impact of changes over time, such as manufacturer drug price changes or policy changes, the intervention group for each case was evaluated compared to a comparison group. Anything that happens to one group will also affect the other group and will negate any outside effects on drug costs. Any savings that occurred can then be attributed to the DUR intervention and not some other effect.

RetroDUR Outcomes: State of Indiana

Indiana Medicaid-specific RetroDUR Outcomes Overview

The following information is an annualized analysis of RetroDUR activities and outcomes that were approved by the DUR Board and performed by ACS pharmacists through their two RetroDUR program types: Intensified Benefits Management (IBM) and regular RetroDUR Programs.

A savings summary and detailed outcomes report for each RetroDUR program type is included in Attachment 6.2. The detailed outcomes report for each RetroDUR intervention also includes savings (cost avoided, if any) as well as the number of prescriptions saved per intervention cycle per month and by program (IBM or Regular RetroDUR letters). Real savings, while controlling for changes over time, were calculated using the comparison and intervention groups. All savings amounts are reported as state and federal Medicaid dollars combined.

RetroDUR Discussion

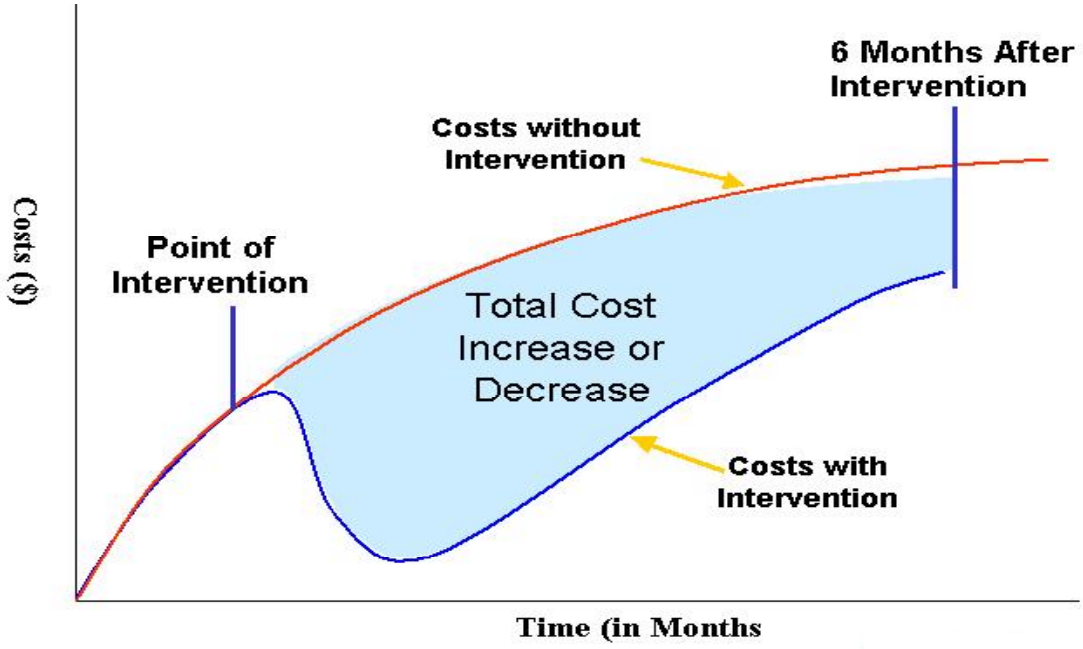
We found the intervention group total prescription drug costs typically decreased following Alert letters, phone calls and faxes; whereas, the comparison group (who needed intervention but did not receive intervention) prescription costs typically continued to increase.

In our experience, drug costs decrease soon after an intervention, then costs remain relatively flat or only slightly increase for approximately 6 months. After about 6 months post-intervention, drug costs in the intervention group will start to climb again as indicated by the upward slope on Graph 2; but, costs never reach the point of the comparison group drug cost trends (See Graph 2). The comparison group illustrates what would happen to drug costs if no DUR program interventions were undertaken.

The psychological theory of the *primacy-recency effect* can explain this phenomenon where interventions work for several months, but do not contain costs permanently. Practitioners must be reminded periodically of the intervention criteria. The most recent events are what practitioners primarily recall when they are choosing drug therapy for patients. State Medicaid agencies are trying to provide optimal care while keeping costs reasonable should likewise take advantage of the primacy-recency effect by repeated ProDUR *and* RetroDUR educational interventions on practitioners who do not meet the predetermined standards or criteria set by the DUR Board. Graph 2 illustrates this primacy-recency concept quite vividly.

In sum for DUR overall, the general trend for comparison group recipients is for drug costs to continue to rise. The trend for intervention group recipients is for drug costs to either remain flat (meaning rising drug costs have been contained) or to decrease over a 6-month time frame.

Graph 2.



Indiana Medicaid-specific Problems

The estimated RetroDUR savings reflect interventions that occurred six months earlier. Utilization and costs were compared 6-months before and after intervention.

There were several problems that arose causing savings analyses to be difficult. First, Medicare D became effective on January 1, 2006. Many recipients who received RetroDUR interventions in 2005 and early 2006 were no longer in the Medicaid program, having switched to Medicare D. So while there were most likely changes in therapy due to interventions, there was no way to follow these recipients' utilization or expenditures. Medicare D implementation reduced the pool of recipients available for analyses for both intervention and comparison groups. Second, the ideal comparison group are recipients who need intervention but whose prescribers could not be located for intervention. After the Medicare D recipients were removed, there were too few recipients who qualified for comparison (needed intervention where their prescribers could not be located). This led to recipients with crossover effects where recipients in the comparison groups used the same prescribers as those in the intervention groups. The same prescribers who received the intervention then changed prescribing behavior for ALL his/her patients. While behavior change is wanted, crossover effects caused estimated savings or costs avoided to be lower than usual.

RetroDUR Outcomes

December 2005 Oxycodone Extended Release Dose Optimization – RetroDUR Outcomes

Purpose of Intervention:
The purpose of the intervention was to identify prescribers who exhibited a pattern of prescribing and recipients who exhibited a pattern of receiving more than 2 doses per day of Oxycodone Extended Release tablets, and then to encourage dose optimization. Per manufacturer's recommendations, the controlled release nature of the Oxycodone Extended Release tablets is most effectively administered every 12 hours. The RetroDUR pharmacist contacted the prescriber of record by mail to request a re-evaluation of the patient's therapy.

Intervention Results:
Out of a total of 532 recipients identified by initial screening and reviewed, 217 patients were selected for letter intervention. Letters were sent to 146 prescribers of the 217 patients.

Responses: 24% of prescribers responded to the RetroDUR letter intervention.

Outcomes:
Only 77 of the original 217 intervened recipients were available for analysis six-months after intervention. Although costs per utilizer decreased in the intervention group, they also decreased in the comparison group resulting in a net decrease in costs per utilizer of 1.71%. Annual savings for recipients intervened was **$17,431.61** and a **net decrease of 39 tablets per utilizer per month.** The estimated annual savings were not large due to the small number of recipients intervened; yet, the intervention was very successful in improving dose optimization of oxycodone extended release tablets and decreasing the number of tablets per day.

March 2006 Oxycodone Extended Release Dose Optimization – RetroDUR Outcomes

Purpose of Intervention:
The purpose of the intervention was to identify prescribers who exhibited a pattern of prescribing and recipients who exhibited a pattern of receiving more than 2 doses per day of Oxycodone Extended Release tablets, and then to encourage dose optimization. Per manufacturer's recommendations, the controlled release nature of the Oxycodone Extended Release tablets is most effectively administered every 12 hours. The RetroDUR pharmacist contacted the prescriber of record by mail to request a re-evaluation of the patient's therapy.

Intervention Results:
Out of a total of 60 recipients identified by initial screening and reviewed, 58 patients were selected for letter intervention. Letters were sent to 42 prescribers of the 58 patients.

Responses: 58.6% of prescribers responded to the RetroDUR letter intervention.

Outcomes:
Only 44 of the original 60 intervened recipients were available for analysis six-months after

intervention. Costs per utilizer increased in the intervention group by 3.57%. They decreased in the comparison group by 0.01% resulting in a net increase in costs per utilizer of 3.58% or $3.79 per utilizer per month (PUPM). There were **no annual savings for recipients intervened**. Annual costs for recipients intervened was $2,003.49.

Nevertheless, the intervention was very successful. Recipients who were taking large quantities of the lower dosages tended to switch to smaller quantities of larger dosages. The net increase or decrease in tablets by dosage was:

Oxycodone ER 10mg = net decrease of 24.2 tablets PUPM
Oxycodone ER 20mg = net increase of 12.7 tablets PUPM
Oxycodone ER 40mg = net increase of 8.1 tablets PUPM
Oxycodone ER 80mg = net increase of 6.7 tablets PUPM

The intervention was very successful in improving dose optimization of oxycodone extended release tablets and decreasing the number of tablets taken per day even though no prescription drug savings resulted.

March 2006 Overuse of Inhaled Short-Acting Beta-Agonists– RetroDUR Outcomes

Purpose of Intervention:
The purpose of the intervention was to identify and review the patient profiles of recipients who received more than one prescription of short-acting inhaled Beta-2 agonist and had not received a prescription for an inhaled corticosteroid medication for the months of December 2005 through February 2006.

Intervention Results:
Out of a total of 243 recipients identified by initial screening and reviewed, 93 patients were selected for letter intervention. Letters were sent to 95 prescribers of the 93 patients. Some patients were seeing more than one prescriber; therefore, 100 letters were mailed.

Responses: 35% of prescribers responded to the RetroDUR letter intervention.

Outcomes:
Only 66 of the original 93 intervened recipients were available for analysis six-months after the intervention. Costs per utilizer increased in the intervention group by 11.66%. Costs per utilizer decreased in the comparison group by 3.02% resulting in a net increase of 14.68% or $8.43 per utilizer per month (PUPM). There were no annual savings for recipients intervened. Annual total prescription drug **costs for recipients intervened increased by a net $6,676.82**.

Nevertheless, the intervention was very successful. When examining the specific drugs, Beta-agonists prescription count decreased by 114 over the 6-month post-period, while inhaled corticosteroids prescriptions increased by 32 prescriptions. Leukotriene receptor antagonist use also decreased by 10 prescriptions over the 6-month post-intervention period. Finally, medical savings for the utilizers intervened upon was **$9,618.06** per year.

May 2006 Inappropriate Use of Long-Acting Benzodiazepines in the Elderly– RetroDUR Outcomes

Purpose of Intervention:
The purpose of the intervention was to identify and review the patient profiles of elderly recipients who received more than one prescription of a non-recommended long-acting benzodiazepine. Long-acting benzodiazepines are not recommended for use by the elderly due to potential for excessive drug accumulation and possible adverse effects usch as dizziness, falls and breakages of bones. The intervention requested that the prescriber re-evaluate therapy and to consider a non-benzodiazepine alternative if appropriate or to use low doses of a short-acting benzodiazepine for as short of a duration as possible.

Intervention Results:
Out of a total of 817 recipients identified by initial screening and reviewed, 739 patients were selected for letter intervention. Letters were sent to 529 prescribers of the 529 patients for a total of 740 letters mailed.

Responses: 41% of prescribers responded to the RetroDUR letter intervention.

Outcomes:
Only 724 of the original 739 intervened recipients were available for analysis six-months after the intervention. Costs per utilizer decreased in the intervention group by 31.75%. Costs per utilizer decreased in the comparison group by 2.82% resulting in a net decrease of 28.93% or $2.67 per utilizer per month (PUPM). Annual savings for recipients intervened was **$23,180.46.**

The intervention was very successful. There was a **net decrease of 254 prescriptions for long-acting benzodiazepines in these utilizers over the 6-month post-intervention period**.

Intensive Benefits Management (IBM) Outcomes

February and April 2006 Zoloft Dose Optimization – IBM Outcomes

Purpose of Intervention:
The purpose of the intervention was to identify prescribers who exhibited a pattern of prescribing and recipients who exhibited a pattern of receiving more than one dose per day of Zoloft™ 25 mg and Zoloft™ 50 mg tablets, and then to encourage dose optimization. Due to the fact that this drug is flat-priced across all strengths, it is more cost effective to convert patients currently taking more than one dose per day of a lower strength product to the higher strength product taking one day per day. The IBM pharmacist contacted prescribers of record by phone to request re-evaluation of their patient's therapy to a more cost effective dose.

February 2006 Intervention Results:
Out of a total of 261 recipients identified by initial screening and reviewed, 108 patients were selected for letter intervention. The IBM pharmacist contacted 100 prescribers of the 108 patients.

February 2006 Responses: 100% of prescribers responded to the IBM intervention.

February 2006 Outcomes:
Only 52 of the original 217 intervened recipients were available for analysis six-months after the intervention. Although costs per utilizer decreased in the intervention group, they also decreased in the comparison group resulting in a net decrease in costs per utilizer of 20.13%. Annual savings for recipients intervened was **$22,978.53** and a **net decrease of 15 tablets per utilizer per month.** The estimated annual savings were not large due to the small number of recipients intervened; yet, the intervention was very successful in improving dose optimization of Zoloft™ 25 mg and Zoloft™ 50 mg tablets.

April 2006 Intervention Results:
Out of a total of 129 recipients identified by initial screening and reviewed, 95 patients were selected for letter intervention. The IBM pharmacist contacted 83 prescribers of the 95 patients.

April 2006 Responses: 55.8% of prescribers responded to the IBM intervention.

April 2006 Outcomes:
Only 40 of the original 129 recipients were available for analysis six-months after the intervention. Although costs per utilizer decreased in the intervention group, they also decreased in the comparison group resulting in a net decrease in costs per utilizer of 5.12%. Annual savings for recipients intervened was **$4,291.12** and a **net decrease of 7.5 tablets per utilizer per month**. The estimated annual savings were not large due to the small number of recipients intervened; yet, the intervention was very successful in improving dose optimization of Zoloft™ 25 mg and Zoloft™ 50 mg tablets.

DUR Program Evaluation Conclusions

Outcomes analyses were conducted on actual prescriber behavior rather than prescriber responses to letter interventions. Outcomes analyses shows that DUR **does work** in general and specifically, has worked for State of Indiana. Furthermore, the State of Indiana Drug Utilization Review program provides an important quality assurance service to Medicaid recipients.

Savings were reported for each drug therapy problem and for each intervention type (See Appendices 6.1, 6.2 and 6.3). All savings (or costs avoided) amounts are reported as state and federal Medicaid dollars combined. The drug cost savings (or costs avoided) over the FFY 2006 for RetroDUR clinical programs (IBM and RetroDUR letters) was **$59,202**[1], ProDUR savings was **$28.04 million,** for combined total drug savings of approximately **$28.1 million**.

The drug savings for DUR programs alone was a return on investment (ROI) of **251%**[2], meaning that for every $1 dollar spent on the DUR program, State of Indiana received **$3.51** in drug savings.

NOTE:
1. **Reported "costs avoided" dollar amounts are state and federal combined.**
2. **Return on investment calculation includes the cost of all ACS and EDS ProDUR claims services to the State of Indiana.**

ATTACHMENT 6.2 ALL RETRODUR PROGRAMS SAVINGS SUMMARY AND DETAIL

Government Healthcare Solutions, PBM Group

All RetroDUR Programs Savings Summary FFY 2006	
Regular RetroDUR Letters	**Intensive Benefits Management (IBM)**
$31,932	$27,270
Total Annualized Savings	
$ 59,202	

IBM & RETRODUR Programs Outcomes Detail

Intensive Benefits Management (IBM)

MONTH/ YEAR	NAME OF INITIATIVE	PRO-GRAM TYPE	# PTS REVIEWED	# PTS INTERVENED	# PRE-SCRIBERS TARGETED	# PTS REMAINING AFTER MEDICARE D	% CHANGE PUPM CONTROL	% CHANGE PUPM TARGET	% Net CHANGE PUPM
October-05	NONE								
November-05	NONE								
December-05	NONE								
January-06	NONE								
February-06	**Zoloft Dose Optimization**	IBM	261	108	100		-2.04%	-22.17%	-20.13%
March-06	NONE								
April-06	**Zoloft Dose Optimization**	IBM	129	95	83		-7.15%	-12.27%	-5.12%
May-06	NONE								
June-06	NONE								
July-06	NONE								
August-06	NONE								
September-06	NONE								
TOTALS		IBM	390	203	183	0	-9.2%	-34.4%	-25.3%

RetroDUR Letters

MONTH/ YEAR	NAME OF INITIATIVE	PRO-GRAM TYPE	# PTS REVIEWED	# PTS INTERVENED	# PRE-SCRIBERS TARGETED	# PTS REMAINING AFTER MEDICARE D	% CHANGE PUPM CONTROL	% CHANGE PUPM TARGET	% Net CHANGE PUPM
October-05	NONE								
November-05	NONE								
December-05	**Oxycodone ER Dose Optimization**	RetroDUR	532	217	146	77	-19.78%	-21.49%	-1.71%
January-06	NONE								
February-06	NONE								
March-06	**Over-Utilization of Short-Acting Beta Agonist**	RetroDUR	243	93	95	66	-3.02%	11.66%	14.68%
March-06	**Oxycodone ER Dose Optimization**	RetroDUR	60	58	42	44	-0.01%	3.57%	3.58%
April-06	NONE								
May-06	**Inappropriate Use of LA Benzodiazepines in the Elderly**	RetroDUR	817	739	529	724	-2.82%	-31.75%	-28.93%
June-06	NONE								
July-06	NONE								
August-06	NONE								
September-06	NONE								
TOTALS			1,652	1,107	812		-25.6%	-38.0%	-12.4%

Grand Totals:	**2,042**	**1,310**	**995**

- **% Net Change PUPM = A negative number means the intervention achieved savings; whereas, a positive number means net costs increased after the intervention.**

NOTE:
Savings are derived from differences in total costs of the comparison group vs. intervention (targeted) group. Pre- to Post-Costs per Utilizer may increase and costs savings may still be achieved due to savings from eligible recipients who stopped using the targeted drug(s) completely.